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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 618619 (1)
1. Corporation Name
JULIUS A. OKUBOYE, M.D., CHARTERED



Principal Place of Business: 10592 SEMINOLE BLVD. LARGO FL 34648
Mailing Address: 10592 SEMINOLE BLVD. LARGO FL 33778-4025

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 02/23/1996

2. Principal Place of Business: 21 605 MARSHALL ST. 22 Suite, Apt #, etc. 23 CLEARWATER FL 24 34615 25 USA
2a. Mailing Address: 26 605 MARSHALL ST 27 Suite, Apt #, etc. 28 CLEARWATER FL 29 34615 30 USA

4. FEI Number: 59-1899504 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: OKUBOYE, JULIUS, A. 10592 SEMINOLE BLVD. LARGO FL 34648

10. Name and Address of New Registered Agent: 81 Name: OKUBOYE, JULIUS A. 82 Street Address (P.O. Box Number is Not Acceptable): 605 MARSHALL ST. 83 84 City: CLEARWATER, FL 85 Zip Code: 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/24/97

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PD OKUBOYE, JULIUS A.

Table with 8 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes entry for PD OKUBOYE, JULIUS A.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] Date: [Signature] Daytime Phone #:

CR2E034 (9/96)