

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 625091 (4)
1. Corporation Name
RALPH A. PARKS, M.D., P.A.



Principal Place of Business 1411 S 14TH STREET STE D FERNANDINA BCH FL 32034 US	Mailing Address 1411 S 14TH STREET STE D FERNANDINA BCH FL 32034-3082 US
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3. Date Incorporated or Qualified 06/07/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1916392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1250 S. 18th Street Suite, Apt. #, etc. 22 Suite 204 City & State 23 Fernandina Beach, Fl. Zip 24 32034	2a. Mailing Address 26 Same as Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
PARKS, RALPH A., M.D.
1411 SO 14 STR
STE D
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1250 S. 18th Street SU204
83	
84 City	Fernandina Beach FL
85 Zip Code	32034

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

<input type="checkbox"/> DELETE	TITLE PD
	NAME PARKS, RALPH A.
	STREET ADDRESS 1411 SO 14 STR, STE D
	CITY - ST - ZIP FERNANDINA BCH FL
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE PD
	1.2 NAME Parks, Ralph A.
	1.3 STREET ADDRESS 1250 S 18th St.
	1.4 CITY - ST - ZIP Fernandina Beach, FL 32034
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY - ST - ZIP

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: Ralph Parks, M.D. **4/21/97** 904-261-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)