


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # 638907 | | |
| 1. Corporation Name JOHN E. BALFOUR, M.D., P.A. | | |

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| Principal Place of Business 2560 RCA BLVD. STE 113 PALM BEACH GARDENS FL 33410 | Mailing Address 2560 RCA BLVD. STE 113 PALM BEACH GARDENS FL 33410 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 4702 SQUARE LAKE DRIVE Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 P.O. BOX 32579 Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 10/08/1979 | |
| 23 PALM BEACH GARDENS, FL City & State Zip 33418 Country USA | | 28 PALM BEACH GARDENS, FL City & State Zip 33420-2579 Country USA | | 4. FEI Number 59-1937345 Applied For Not Applicable | |
| 9. Name and Address of Current Registered Agent BALFOUR, JOHN E 2560 RCA BLVD, STE 113 PALM BEACH GARDENS, FL 33410 | | 10. Name and Address of New Registered Agent 81 Name BALEOUR, JOHN E. 82 Street Address (P.O. Box Number is Not Acceptable) 4702 SQUARE LAKE DRIVE 83 84 City PALM BEACH GARDENS FL 85 Zip Code 33418 | | | |

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 John E. Balfour JOHN E. BALFOUR
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/29/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | BALFOUR, JOHN E. | 1.2 NAME | |
| STREET ADDRESS | 4702 SQUARE LAKE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | SUSAN B. BALFOUR | 2.2 NAME | |
| STREET ADDRESS | 4702 SQ AK DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: John E. Balfour 1/29/99 561-626-
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0712

CR2E034 (11/98)