

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **669031**

(7)

1. Corporation Name
EDWARD I. WEINSHELBAUM, M.D., P.A.

Principal Place of Business

**239 SW 7TH TERR STE C
GAINESVILLE FL 32601**

Mailing Address

**239 SW 7TH TERR STE C
GAINESVILLE FL 32601**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

27

City & State

23. Zip

28

Zip

24. Country

25

Country

24. Zip

29

Zip

24. Country

30

Country

9. Name and Address of Current Registered Agent

**WEINSHELBAUM, EDWARD I.
239 SW 7TH TERRACE
STE C
GAINESVILLE FL 32601**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	11. TITLE
NAME	WEINSHELBAUM, EDWARD I		12. NAME
STREET ADDRESS	239 S.W. 7TH TERRACE, SUITE C		13. STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE, FL 32600		14. CITY-ST-ZIP
TITLE	DP	<input type="checkbox"/> DELETE	21. TITLE
NAME	WEINSHELBAUM, EDWARD I		22. NAME
STREET ADDRESS	7003 NW 11TH PLACE STE 4		23. STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE, FL 32600		24. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	31. TITLE
NAME			32. NAME
STREET ADDRESS			33. STREET ADDRESS
CITY-ST-ZIP			34. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	41. TITLE
NAME			42. NAME
STREET ADDRESS			43. STREET ADDRESS
CITY-ST-ZIP			44. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51. TITLE
NAME			52. NAME
STREET ADDRESS			53. STREET ADDRESS
CITY-ST-ZIP			54. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61. TITLE
NAME			62. NAME
STREET ADDRESS			63. STREET ADDRESS
CITY-ST-ZIP			64. 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.

CR2E034 (10/97)