FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686082 (9)

EDWARD W.P. SMITH, M.D., P.A.

580 W.8TH ST..#7017, MEDICAL CENTER PLAZA
C/O EDWARD W.P. SMITH
JACKSONVILLE FL 32209

580 W.8TH ST..#7017, MEDICAL CENTER PLAZA
C/O EDWARD W.P. SMITH
JACKSONVILLE FL 32209

3. 09/01/1980

3a. 04/20/1994

4. FEI Number: 59-2017524 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Candidates — $5.00 May Be Added to Fees

8. Yes / No

9. Name and Address of Current Registered Agent

SMITH, EDWARD W.P.
580 W. 8TH ST.,#7017, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent, after the change, will be identical to those currently maintained by the corporation.

SIGNATURE

12. OFFICER/DIRECTOR DATA

	PD
NAME	SMITH, EDWARD W P
ADDRESS	580 W 8TH ST #7017
CITY-ST-ZIP	JACKSONVILLE, FL 00000
	ST
NAME	SMITH, EDWARD W P
ADDRESS	580 W 8TH ST #7017
CITY-ST-ZIP	JACKSONVILLE, FL 00000
	VPD
NAME	KARTSONIS, JOHN P
ADDRESS	580 W 8TH ST #7017
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONAL CHANGE (OFFICER/DIRECTOR) DATA — Change / Add

14. To the best of my knowledge, the information supplied with this filing complies with the applicable provisions of Section 607.0505, Florida Statutes. I further certify that the corporation named in this report or application complies with Section 607.0501, Florida Statutes, and that I am familiar with and accept the duties and responsibilities of registered agent for the corporation. I am familiar with and accept the duties and responsibilities imposed on me by the Florida Statutes pertaining to the position listed above. I further certify that the corporation has submitted with this report, if applicable, the statement of domestication required by Section 607.1506, Florida Statutes.

SIGNATURE: John P. Kartsonis V.P. 5/5/95 904.355 6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0022970 CP