

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 698644 (2)
1. Corporation Name
JOLLY THOMAS, M.D., F.A.C.P., P.A.

Principal Place of Business 2264 BAYVILLAGE COURT PALM BEACH GARDENS FL 33410	Mailing Address 2264 BAYVILLAGE COURT PALM BEACH GARDENS FL 33410
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1981	
21	Suite, Apt. #, etc.	26	P.O. Box 32338	4. FEI Number 59-2165511	
22	City & State	27	Palm Beach Gardens	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	33420	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30	U.S.A		

9. Name and Address of Current Registered Agent THOMAS, JOLLY 2264 BAYVILLAGE COURT PALM BEACH GARDENS FL 33410		10. Name and Address of New Registered Agent	
		81	Name Jolly Thomas
		82	Street Address (P.O. Box Number is Not Acceptable) P.O. Box 32338
		83	Palm Beach Gardens
		84	City
		85	Zip Code FL 33420

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 Jolly Thomas MD President DATE 4/18/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	THOMAS, JOLLY	1.2 NAME	Thomas, Jolly
STREET ADDRESS	2264 BAYVILLAGE COURT	1.3 STREET ADDRESS	P.O. Box 32338
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33420
TITLE	ST	2.1 TITLE	
NAME	SCRIVA, SAM	2.2 NAME	
STREET ADDRESS	3602 LAKE MONT COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33402	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	THOMAS, GEORGE	3.2 NAME	
STREET ADDRESS	297 CANTERBURY DRIVE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	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.

SIGNATURE: Jolly Thomas MD President 561-694-2986

CR2E034 (10/97)