
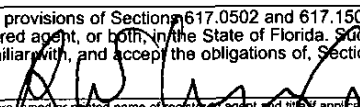


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90208 050 ****61.25

0011706

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726869					
1. Corporation Name FAMILY PRACTICE MEDICAL GROUP, INC.					
Principal Place of Business 625 S.W. 4TH AVE. GAINESVILLE FL 32601			Mailing Address P.O. BOX 147001 GAINESVILLE FL 32614 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1460393	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent CURRY, ROBERT W JR. M.D. 625 S.W. FOURTH AVE. GAINESVILLE FL 32601				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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/15/99					
12. OFFICERS AND DIRECTORS					
TITLE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
STREET ADDRESS	1.2 NAME				
CITY-ST-ZIP	1.3 STREET ADDRESS				
	1.4 CITY-ST-ZIP				
TITLE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4 CITY-ST-ZIP				
TITLE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY-ST-ZIP	3.4 CITY-ST-ZIP				
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY-ST-ZIP	5.4 CITY-ST-ZIP				
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 392.45-41

CR2E037 (11/98)