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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740340

1. Corporation Name

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVERNMENT, INC.

Principal Place of Business

1075 RIVERSIDE AVE
 #190
 JACKSONVILLE FL 32204
 US

Mailing Address

P. O. BOX 40023
 JACKSONVILLE FL 32203-0023
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/05/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1805614	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

GILBERT, PHILIP H.
 515 LOMAS STREET 1045 RIVERSIDE Ave. #190
 JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	KARRER, MAX C. M	1.2 NAME	DOLAN, JAMES
STREET ADDRESS	3550 UNIVERSITY BLVD, #301	1.3 STREET ADDRESS	4555 EMERSON EXPY. #100
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	SD	2.1 TITLE	VD
NAME	ATKINS, KENNETH V. M	2.2 NAME	HARMON, W. ALAN
STREET ADDRESS	580 W 8TH ST, #7005	2.3 STREET ADDRESS	1610 BAKES ST.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	TD	3.1 TITLE	T/D
NAME	MITCHELL, KAY M. M	3.2 NAME	MCLAUGHLIN, MARK
STREET ADDRESS	4203 BELFORT RD, #101	3.3 STREET ADDRESS	4500 SAN PABLO RD.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	PCD	4.1 TITLE	S/D
NAME	GLENN, J. EUGENE M	4.2 NAME	MASON, W. GRAY
STREET ADDRESS	1820 BARRS STR, STE 358	4.3 STREET ADDRESS	807 NIRA ST.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	EDDT	5.1 TITLE	DEPUTY TREASURER
NAME	SCHOU, MARK J. CPA	5.2 NAME	
STREET ADDRESS	4496 SOUTHSIDE BLVD., #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

904 358-6561

Daytime Phone #

CR2037 (11/98)