


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763524 (6)**  
1. Corporation Name  
**JESS PARRISH MEDICAL FOUNDATION, INC.**



Principal Place of Business <b>11 MAX BREWER CSWY SUITE C TITUSVILLE FL 32796 US</b>	Mailing Address <b>951 N WASHINGTON AVE DRAWER W TITUSVILLE FL 32796</b>
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3. Date Incorporated or Qualified <b>06/02/1982</b>	
4. FEI Number <b>59-2249275</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. 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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**BAKER, ROD L  
951 WASHINGTON AVENUE  
TITUSVILLE FL 32781**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PARRISH, J.J. I</b>	1.1 TITLE	<b>PD</b>
STREET ADDRESS <b>2900 PARRISH RD.</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	1.2 NAME	<b>Sparkman, Greg</b>
		1.3 STREET ADDRESS	<b>1595 Helena Drive</b>
		1.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>
TITLE <b>VD</b>	NAME <b>PARRISH, J. J. III</b>	2.1 TITLE	<b>VD</b>
STREET ADDRESS <b>2900 PARRISH ROAD</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	2.2 NAME	<b>Quintero, Luis, MD</b>
		2.3 STREET ADDRESS	<b>3887 Goshawk Place</b>
		2.4 CITY-ST-ZIP	<b>Titusville, FL 32796</b>
TITLE <b>SD</b>	NAME <b>MCCOTTER, C. R. III</b>	3.1 TITLE	
STREET ADDRESS <b>101 S WASHINGTON AVENUE</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>SMITH, BECKY</b>	4.1 TITLE	
STREET ADDRESS <b>3945 PINETOP</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>ST</b>	NAME <b>DENSON, TODD</b>	5.1 TITLE	
STREET ADDRESS <b>4414 HICKORY HILLS BLVD</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>MD</b>	NAME <b>SPELLMAN, SUSAN</b>	6.1 TITLE	
STREET ADDRESS <b>951 N. WASHINGTON AVE.</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		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.

SIGNATURE: *Susan Spellman* #. 29-98 407-2694066

CR2E037 (10/97)