


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90055 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998 1999	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F28339 (2)	
1. Corporation Name DAVID H. HOLT, M.D., P.A.	

Principal Place of Business %DAVID H. HOLT, 6405 N FEDERAL HWY #203 MEDICAL OFFICE COMPLEX FT. LAUDERDALE FL 33308	Mailing Address %DAVID H. HOLT, 6405 N FEDERAL HWY #203 MEDICAL OFFICE COMPLEX FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #: etc. Suite #100 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #: etc. Suite #100 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/03/1981	
4. FEI Number 59-2082334		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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			
9. Name and Address of Current Registered Agent HOLT, DAVID H 6405 N. FEDERAL HWY., SUITE 203 100 MEDICAL OFFICE COMPLEX FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) DAVID HOLT 83 84 City FL 85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLT, DAVID H 4010 NE 25TH AVE FT LAUDERDALE, FL 0	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Holt David H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Port Royale Drive N #612 Ft Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLT, JOY V 4010 NE 25 AVE FT LAUDERDALE, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Holt Joy V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Port Royale Drive N #612 Ft Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David H. Holt MD RA 31498 9544936400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID H. HOLT, MD, RA** Daytime Phone # 0546953