

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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003832

1. Corporation Name
BEST DOCTORS, INC.

Principal Place of Business
**1359 SILVER BLUFF ROAD, SUITE F-2
ATTN: STEVE LITTLE
AIKEN SC 29803**

Mailing Address
**1359 SILVER BLUFF ROAD, SUITE F-2
ATTN: STEVE LITTLE
AIKEN SC 29803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-2317785	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 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	C	<input type="checkbox"/> DELETE		1.1 TITLE	Steve Little	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NAIFEH, STEVEN W			1.2 NAME			
STREET ADDRESS	1359 SILVER BLUFF ROAD, SUITE F-2			1.3 STREET ADDRESS	1359 Silver Bluff Road, Suite F2		
CITY-ST-ZIP	AIKEN SC 29803			1.4 CITY-ST-ZIP	Aiken, SC 29803		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAHILL, JOHN			2.2 NAME			
STREET ADDRESS	1 PEPSI WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	SOMERS NY 10589			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONRADES, GEORGE			3.2 NAME			
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02140			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERZLINGER, REGINA			4.2 NAME			
STREET ADDRESS	163 BAKER LIBRARY 25 HARVARD WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 02163			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, GREG W			5.2 NAME			
STREET ADDRESS	1359 SILVER BLUFF ROAD, SUITE F-2			5.3 STREET ADDRESS			
CITY-ST-ZIP	AIKEN SC 29803			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TICHENOR, SUZY			6.2 NAME			
STREET ADDRESS	1359 SILVER BLUFF ROAD, SUITE F-2			6.3 STREET ADDRESS			
CITY-ST-ZIP	AIKEN SC 29803			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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 803-643-4370