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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28260 (9)

1. Corporation Name
GRAHAM F. WHITFIELD, M.D., P.A.

Principal Place of Business
C/O GRAHAM F. WHITFIELD
2150 S CONGRESS AVE
WEST PALM BEACH FL 33406-7804

Mailing Address
C/O GRAHAM F. WHITFIELD
2150 S CONGRESS AVE
WEST PALM BEACH FL 33406-7804



3. Date Incorporated or Qualified 03/10/1983 3a. Date of Last Report 03/07/1996

2. Principal Place of Business 21 2150 S. CONGRESS AVE Suite, Apt. #, etc. 22 WEST PALM BEACH, FL City & State 23 33406-7604 Zip Country 24 25	2a. Mailing Address 26 2150 S. CONGRESS AVE Suite, Apt. #, etc. 27 WEST PALM BEACH, FL City & State 28 33406-7604 Zip Country 29 30	4. FEI Number 59-2305120 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WHITFIELD, GRAHAM F.
1870 FOREST HILL BOULEVARD
W. PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name GRAHAM F. WHITFIELD	85 Zip Code 33406
82 Street Address (P.O. Box Number is Not Acceptable) 2150 S. CONGRESS AVENUE	
83 WEST PALM BEACH	
84 City FL	

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

Graham F. Whitfield
Signature: typed or printed name of registered agent and title if applicable

GRAHAM F. WHITFIELD
(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITFIELD, GRAHAM F 1870 FOREST HILL BLVD W PALM BCH, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP WHITFIELD, GRAHAM F. 2150 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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: *Graham F. Whitfield* GRAHAM F. WHITFIELD 4/5/97 433-1749
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)