

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 638480
1. Corporation Name
Jacob L. Raney, M.D. P.A.



Principal Place of Business Mailing Address
1061 N W 6th Street
Boca Raton, Fl 33486-3433 Same

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
5/9/83

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Added For
21. State	21. Suits, Apt. #, etc.	59-2304715	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	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
Jacob L Raney, M.D. P.A.
1061 N W 6th Street
Boca Raton, Fl 33486-3433

10. Name and Address of New Registered Agent
31. Name
32. Street Address (P.O. Box Number is Not Acceptable)
33.
34. City FL 35. 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '98	
TITLE Pres	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jacob L. Raney		NAME	
STREET ADDRESS 1061 N W 6th Street		STREET ADDRESS	
CITY/STATE/ZIP Boca Raton, Fl 33486-3433		CITY/STATE/ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

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***150.00

CC 5/14/98

14. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information provided in this 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 authorized officer, director, or authorized agent 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 the report as required by the provisions of the applicable statute.

SIGNATURE: *Jacob L. Raney* President 4/28/98