


FILED

Apr 21 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 # H44532

1. Corporation Name
WILLIAM A. HEWSON, M.D., P.A.

(0)

Principal Place of Business

**900 EAST OCEAN BLVD
SUITE 222
STUART FL 34994**

Mailing Address

**900 EAST OCEAN BLVD
SUITE 222
STUART FL 34994-3577**

<p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City & State</p> <p>23 Zip</p> <p>24 Country</p>	<p>2a. Mailing Address</p> <p>26 Suite, Apt. #, etc.</p> <p>27 City & State</p> <p>28 Zip</p> <p>29 Country</p>
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9. Name and Address of Current Registered Agent

**HEWSON, WILLIAM A.
900 EAST OCEAN BLVD.
SUITE 222
STUART FL 34994**

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William A. Hewson* Pres.

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

(NOTE: Registered Agent signature required.)

12. OFFICERS AND DIRECTORS		13.
<p>TITLE PST <input type="checkbox"/> DELETE</p> <p>NAME HEWSON, WILLIAM A.</p> <p>STREET ADDRESS 900 E OCEAN BLVD #222</p> <p>CITY - ST - ZIP STUART FL</p>	<p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p>	
<p>TITLE D <input type="checkbox"/> DELETE</p> <p>NAME HEWSON, WILLIAM A.</p> <p>STREET ADDRESS 900 E OCEAN BLVD #222</p> <p>CITY - ST - ZIP STUART FL</p>	<p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p>	

SIGNATURE.

Wilhelm D. Hansen

4/14/50

561-780-844

[illegible]