

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

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H56224** (9)

1. Corporation Name
JARRETT C. BLACK, M.D. P.A.

Principal Place of Business 3938 N.E. HWY 70 BOX 94A ARCADIA FL 33621 US	Mailing Address 3938 N.E. HWY 70 BOX 94A ARCADIA FL 34265-0094 US
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2. Principal Place of Business 21 3938 NE Hwy 70 Suite, Apt. #, etc. 22 City & State 23 Arcadia, FL Zip 24 34266 Country 25 De Soto		2a. Mailing Address 26 3938 NE Hwy 70 Suite, Apt. #, etc. 27 City & State 28 Arcadia, FL Zip 29 34266 Country 30 De Soto		3. Date Incorporated or Qualified 05/09/1985	3a. Date of Last Report 01/22/1996
		4. FEI Number 59-2634850		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			

9. Name and Address of Current Registered Agent BROWN, FLETCHER 124 N BREVARD ARCADIA FL 33821				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, JARRETT M.D.			1.2 NAME	BLACK, JARRETT M.D.		
STREET ADDRESS	RT 8 BOX 94A			1.3 STREET ADDRESS	3938 NE Hwy 70		
CITY-ST-ZIP	ARCADIA FL			1.4 CITY-ST-ZIP	Arcadia, FL 34266		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, JARRETT M.D.			2.2 NAME	BLACK, JARRETT M.D.		
STREET ADDRESS	RT 8 BOX 94A			2.3 STREET ADDRESS	3938 NE Hwy 70		
CITY-ST-ZIP	ARCADIA FL			2.4 CITY-ST-ZIP	Arcadia, FL 34266		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(l), 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 *Jarrett C. Black, M.D., P.A.* Jarrett C. Black, M.D., P.A. 941 494 8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)