
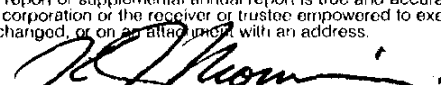


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 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 # H86824 (0)					
1. Corporation Name KEVIN J. MORRISSEY, M.D., P.A.					
Principal Place of Business 8725 N LAGOON DR PANAMA CITY BEACH FL 32408 US			Mailing Address PO BOX 23367 PANAMA CITY FL 32408 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 18889		11/21/1985	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Panama City Beach		59-2673362	
24 Country		29 32417		Applied For	
25		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MORRISSEY, KEVIN J. 8725 N LAGOON DR PANAMA CITY BEACH FL 32408				<input type="checkbox"/> \$8.75 Additional Fee Required	
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.				6. Election Campaign Financing Trust Fund Contribution	
SIGNATURE				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Signature, typed or printed name of registered agent and title if applicable				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
(NOTE: Registered Agent signature required when reinstating)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE				10. Name and Address of New Registered Agent	
12. OFFICERS AND DIRECTORS				81 Name	
1.1 TITLE				82 Street Address (P.O. Box Number is Not Acceptable)	
NAME				83	
STREET ADDRESS				84 City	
CITY-ST-ZIP				FL 85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME					
6.3 STREET ADDRESS					
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 attached page with an address.					
SIGNATURE:  M.D.P.A. 3/5/98 (850) 230-9461					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)