

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

FILED
Apr 30 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 # J13912 (7)

1. Corporation Name
DR. GERSON M. PERRY, P.A.



Principal Place of Business % GERSON M. PERRY 22 THURSTON DR PALM BEACH GARDENS FL 33418	Mailing Address % GERSON M. PERRY 22 THURSTON DR PALM BEACH GARDENS FL 33418
--	--

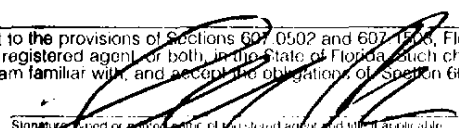
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2654 Kittbuck Way Suite, Apt. #, etc.	2a. Mailing Address 26 2654 Kittbuck Way Suite, Apt. #, etc.
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33411	Country 25 Palm Beach
Zip 29 33411	Country 30 Palm Beach

3. Date Incorporated or Qualified 05/08/1986	
4. FEI Number 65-0022568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 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 PERRY, GERSON M. 22 THURSTON DR PALM BCH GDNS FL 33418	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83 2654 Kittbuck Way</td></tr> <tr><td>84 City West Palm Beach FL 85 Zip Code 33411</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 2654 Kittbuck Way	84 City West Palm Beach FL 85 Zip Code 33411
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83 2654 Kittbuck Way					
84 City West Palm Beach FL 85 Zip Code 33411					

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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  DATE **4/10/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME PERRY, GERSON M.	
STREET ADDRESS 22 THURSTON DR	
CITY-ST-ZIP PALM BCH GDNS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2654 Kittbuck Way
1.4 CITY-ST-ZIP	West Palm Beach, FL 33411
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 attachment with an address.

SIGNATURE 

CP2E034 (10/97)