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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90120 031 ***185.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J21972

1. Corporation Name

JEFF GOODGAME, M.D., P.A. dx

Principal Place of Business
340 N MAITLAND AVE STE 200
MAITLAND FL 32751

Mailing Address
340 N MAITLAND AVE STE 200
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1986

4. FEI Number

59-2690511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HEAD, JOHN V
209 E. RIDGEWOOD STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
JON E. KANE, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
225 EAST ROBINSON STREET, SUITE 600
83
84 City
ORLANDO, FL 85 Zip Code
32801

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

Charles Jeffrey Goodgame
Signature, typed or printed name of registered agent and title if applicable

CHARLES JEFFREY GOODGAME (PRESIDENT) 2/8/99
(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	GOODGAME, CHARLES JEFFREY	
STREET ADDRESS	340 N MAITLAND AVE 200	
CITY-ST-ZIP	MAITLAND 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODGAME, CHARLES JEFFREY	
1.3 STREET ADDRESS	499 E. CENTRAL PARKWAY, STE 130	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
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, with all other like empowered.

SIGNATURE:

Charles Jeffrey Goodgame
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99 407 647-6000

CR2E034 (11/98)

0074992

STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT OR BOTH FOR CORPORATIONS

J21972
21839590120.31

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is Jeff Goodgame, M.D., P.A..
- 1b. The mailing address of the corporation is 499 East Central Parkway, Suite 130, Altamonte Springs, FL 32701.
- 1c. Date of Incorporation: 07/01/86 Document Number: J21972
2. The name and address of the current registered agent and office:

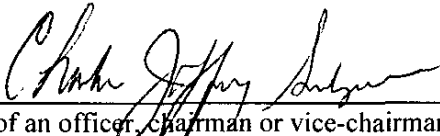
John V. Head,
209 East Ridgewood Street
Orlando, Florida 32801

3. The name and address of the new registered agent and office (P.O. Box Not Acceptable)

Jon E. Kane, Esquire
225 East Robinson Street, Suite 600
Orlando, Florida 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.



(Signature of an officer, chairman or vice-chairman of the board)
Charles Jeffrey Goodgame - President

2/15/99
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)
Jon E. Kane

2/10/99
(Date)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

FLORIDA DEPARTMENT OF STATE
Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314

Filing Fee: \$35.00