

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

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
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DOCUMENT # **K02827** (9)

1. Corporation Name
LOUIS H. ANDERSON, JR., M.D., P.A.

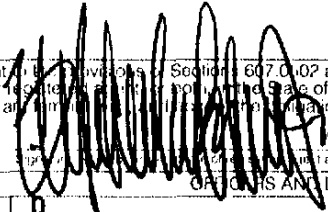
Principal Place of Business 827 45TH STREET SUITE 205 WEST PALM BEACH FL 33407 US	Mailing Address C/O F. MALCOLM CUNNINGHAM, JR. 700 400 450 AUSTRALIAN AVENUE, SOUTH SUITE 400 WEST PALM BEACH FL 33401-5031 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1987		3a. Date of Last Report 02/13/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-2814276		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		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 CUNNINGHAM JR., F. MALCOLM 400 450 AUSTRALIAN AVENUE SOUTH SUITE 400 700 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
81 Name F. Malcolm Cunningham, Jr., Esquire				82 Street Address (P.O. Box Number is Not Acceptable) 400 Australian Avenue South, Suite 700			
83				84 City West Palm Beach, FL			
				85 Zip Code 33401			

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 not a resident of the State of Florida. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE:  DATE: **Jan 7, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LOUIS H., JR.	1.2 NAME	
STREET ADDRESS	827 45TH ST. SUITE 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

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***165.00

14. I do 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:  DATE: **04/14/97**

CR2E034 (9/96)