

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

FILED

Apr 11 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 # K19519 (3)

1. Corporation Name
JOHN F. HULL, D.O., P.A.

Principal Place of Business 923 N. SUMMIT ST. CRESENT CITY FL 32112 US	Mailing Address POST OFFICE BOX 6 CRESENT CITY FL 32112-0006
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21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 03/25/1988	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2879009	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 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

HOOD JR., CHARLES DAVID
444 SEABREEZE BOULEVARD SUITE #900
DAYTONA BEACH FL 32018

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

12.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST HULL, JOHN F. 923 N. SUMMIT ST CRESENT CITY FL	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or on an attachment with an address.

SIGNATURE  **4-897** **904-698-2101**

DATE DAY/MONTH/YEAR

CR2E034 (9/96)