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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01713 (1)  
1. Corporation Name  
J. CAROL GRIGG, M.D., P.A.



Principal Place of Business: 5438 TIERRA VERDE LN JACKSONVILLE FL 32258  
Mailing Address: 5438 TIERRA VERDE LN JACKSONVILLE FL 32258-2281

3. Date Incorporated or Qualified: 07/11/1989  
3a. Date of Last Report: 04/22/1996  
4. FEI Number: 59-2958220  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
GRIGG, J CAROL MD  
5438 TIERRA VERDE LN  
JACKSONVILLE FL 32258

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signatures of principal officers or directors of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City, St, Zip. Includes a 'DELETE' checkbox for each row.

Table with 5 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, St, Zip. Includes 'Change' and 'Addition' checkboxes for each row.

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: *J. Carol Grigg, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/97  
Daytime Phone #

CR2E034 (9/96)