


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

FILED
Aug 26 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 # L05320 (1) 1. Corporation Name ORANGE PARK ADULT SPECIALTY CARE, P.A.			
Principal Place of Business 1895 KINGSLEY AVE SUITE 903 ORANGE PARK FL 32073		Mailing Address 1895 KINGSLEY AVE SUITE 903 ORANGE PARK FL 32073-4410	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent CHESLER, JEFFREY B., M.D. 1895 KINGSLEY AVENUE STE 903 ORANGE PARK FL 32073		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 <i>J. Chesler</i> (NOTE: Registered Agent signature required when reinstating.) DATE 6/9/97			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	CHESLER, JEFFREY B M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1895 KINGSLEY AVE SUITE 903		
CITY-ST-ZIP	ORANGE PARK FL 32073		
S	RAMEY, THOMAS L M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1895 KINGSLEY AVE SUITE 903		
CITY-ST-ZIP	ORANGE PARK FL 32073		
T	JUBA, DANIEL R M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1895 KINGSLEY AVE SUITE 903		
CITY-ST-ZIP	ORANGE PARK FL 32073		
<input type="checkbox"/> DELETE		<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"/> DELETE		<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"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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: <i>J. Chesler</i>			



CR2E034 (9/96)