


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

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Feb 04 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L41038** (5)

1. Corporation Name  
**JOHN DENNIS STOKES, M.D., P.A.**

Principal Place of Business <b>CORNERSTONE CENTER 3820 TAMPA ROAD, SUITE 102 PALM HARBOR FL 34684</b>	Mailing Address <b>CORNERSTONE CENTER 3820 TAMPA ROAD, SUITE 102 PALM HARBOR FL 34684</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>28960 U.S. Highway 19, N</b> Suite, Apt. #, etc. 22 <b>Suite 107</b> City & State 23 <b>Clearwater, FL</b> Zip 24 <b>33761</b> Country 25 <b>Pinellas</b>		2a. Mailing Address 26 <b>28960 U.S. Highway 19, N</b> Suite, Apt. #, etc. 27 <b>Suite 107</b> City & State 28 <b>Clearwater, FL</b> Zip 29 <b>33761</b> Country 30 <b>Pinellas</b>		3. Date Incorporated or Qualified <b>01/03/1990</b>	
		4. FEI Number <b>59-2983742</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STOKES, JOHN 331 OCEANVIEW AVENUE PALM HARBOR FL 34683</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 **John D. Stokes** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **Jan. 19, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOKES, JOHN DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>331 OCEANVIEW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOKES, GAYLE E</b>	2.2 NAME	
STREET ADDRESS	<b>331 OCEANVIEW DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	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	

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.

SIGNATURE **John D. Stokes** DATE **1/15/98** **813.787.7170**

CR2E034 (10/97)