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FILED
May 16 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 # **L75551** **(6)**

1. Corporation Name
FULMER & ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
4741 ATLANTIC BLVD. STE B-5 JACKSONVILLE FL 32207-2168 US	4741 ATLANTIC BLVD. STE B-5 JACKSONVILLE FL 32207-2168 US

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 5149 Peanut Road
Suite, Apt. #, etc.
22 P O Box 537
City & State
23 Graceville, FL
Zip 24 32440-0537 Country 25 US

2a. Mailing Address
26 P O Box 537
Suite, Apt. #, etc.
27
City & State
28 Graceville, FL
Zip 29 32440-0537 Country 30

4. FEI Number: 59-3046939 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GRISSETT, W.E., JR.
4741 ATLANTIC BLVD.
STE B-5
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Fulmer, Daniel E.
82 Street Address (P.O. Box Number is Not Acceptable): 5149 Peanut Road
83: P O Box 537
84 City: Graceville FL 85 Zip Code: 32440-0537

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: Daniel E. Fulmer MD 5/6/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: A registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Former DANIEL E. PO Box 537	☒ Change ☐ Addition
NAME	FULMER, DANIEL E.		1.2 NAME		
STREET ADDRESS	13~~85 COLLEGE DRIVE~~		1.3 STREET ADDRESS	5149 Peanut Road - NA	
CITY-ST-ZIP	GRACEVILLE FL		1.4 CITY-ST-ZIP	Graceville, FL 32440	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRISSETT, W E JR		2.2 NAME		
STREET ADDRESS	4741 ATLANTIC BLVD, B-5		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Daniel E. Fulmer MD DANIEL E. FULMER, PRESIDENT 4/26/97 904 263 6321