


FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005496

1. Corporation Name

PHYSICIANS FOR PREVENTION, INC.

Principal Place of Business
**2002 SAN MARCO BOULEVARD
SUITE 300
JACKSONVILLE FL 32207**

Mailing Address
**2002 SAN MARCO BOULEVARD
SUITE 300
JACKSONVILLE FL 32207**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3351362	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
F & L CORPORATION 200 N. LAURA STREET JACKSONVILLE FL 32202				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DAVID A MD	1.2 NAME	
STREET ADDRESS	16244 S. MILITARY TRAIL, SUITE 610	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, PHILIP A MSW	2.2 NAME	
STREET ADDRESS	3301 COLLEGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, GARY A PHD	3.2 NAME	
STREET ADDRESS	6858 OLD DOMINION DRIVE, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22101	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, MARK S	4.2 NAME	
STREET ADDRESS	2002 SAN MARCO BOULEVARD, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELL, MARC Z ESQUIRE	5.2 NAME	
STREET ADDRESS	1776 ON THE GREEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)