

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra D. Morham Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # P93000015708 (9)

1. Corporation Name JOSEPH T. LUCAS, M.D., P.A.

Principal Place of Business 9 ISLAND ESTATES PARKWAY PALM COAST FL 32137

Mailing Address 9 ISLAND ESTATES PARKWAY PALM COAST FL 32137-2203



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

30

9. Name and Address of Current Registered Agent

LUCAS, JOSEPH T M.D.P.A 9 ISLAND ESTATES PKWY. PALM COAST FL 32137

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 Section 607.0607 and 607.0608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record and agent of record 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 provisions of Section 607.0608, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

12. NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE

D LUCAS, JOSEPH T 9 ISLAND ESTATES PARKWAY PALM COAST FL 32137

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP, TITLE

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14. I, the undersigned, certify that the information supplied on this filing complies with the requirements of Section 607.0607, Florida Statutes. I further certify that the information included on this annual report or application for incorporation, annual report, and any amendments thereto, is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the undersigned is the registered agent of the corporation. I do so make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or upon a Block deleted with an address.

SIGNATURE

Joseph T. Lucas MD PA

4/28/97 904-445-8526

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