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Feb 13 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 # P93000060671 (3)

1. Corporation Name
DIABETES AND THYROID SPECIALTY, P.A.

Principal Place of Business
3500 UNIV. BLVD. SO.
SUITE 206
JACKSONVILLE FL 32216
US

Mailing Address
3550 UNIV. BLVD. SO
SUITE 206
JACKSONVILLE FL 32216-4226
US

3. Date Incorporated or Qualified 08/23/1993
3a. Date of Last Report 01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3195608

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LE PRELL, SAMUEL L
1301 RIVERPLACE BLVD
SUITE 1600
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

223 EAST BAY STREET

83

84 City

FL

85 Zip Code

32202

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

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 NAME STREET ADDRESS CITY- ST- ZIP

D
MONTGOMERY, CHARLES T MD
933 GREENRIDGE ROAD
JACKSONVILLE FL 32207

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ROURA, MIGUEL F MD
8418 PAPELON WAY
JACKSONVILLE FL 32217

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
MONTGOMERY, CHARLES T MD
933 GREENRIDGE ROAD
JACKSONVILLE FL 32207

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
MONTGOMERY, CHARLES T MD
933 GREENRIDGE ROAD
JACKSONVILLE FL 32207

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
MONTGOMERY, CHARLES T MD
933 GREENRIDGE ROAD
JACKSONVILLE FL 32207

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
MONTGOMERY, CHARLES T MD
933 GREENRIDGE ROAD
JACKSONVILLE FL 32207

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)