

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070830 (3)

1. Corporation Name
GOOD SHEPHERD MEDICAL CLINIC, P.A.

Principal Place of Business 10065 CORTEE BLVD BROOKSVILLE FL 34613 US	Mailing Address 10065 CORTEZ BLVD BROOKSVILLE FL 34613-6389 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3204729		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MENKHAUS, DAVID J., ESQ.
4800 N. FEDERAL HIGHWAY
STE 210-A
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 to which applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IOICULA MD, JOSEPH	1.2 NAME	
STREET ADDRESS	10065 CORTEZ BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERT MD, ROBERT	2.2 NAME	PRESIDENT
STREET ADDRESS	11335 CORTE BLVD	2.3 STREET ADDRESS	ROGER B. LEE, MD
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	11317 CORTEZ BLVD.
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROEBUCK MD, BRIAN	3.2 NAME	VICE PRESIDENT
STREET ADDRESS	11337 CORTEZ BLVD	3.3 STREET ADDRESS	ANIL BHATIA, MD
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	11345 CORTEZ BLVD.
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN MD, DAVID	4.2 NAME	
STREET ADDRESS	11331 CORTEZ BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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]

2/20/97

352-596-7070

CR2E034 (9/96)