


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 010 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000072844

1. Corporation Name

Jeffrey M. Brown, DMD, MD, Pa.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1993(?)

| | | | | | | | |
|---|--|--------------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 1265 SE Port St. Lucie Blvd | | 28 1265 SE Port St. Lucie Blvd | | 65-0441067 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | | |
| 23 Port St. Lucie, FL | | 28 Port St. Lucie, FL | | 8. This corporation owes the current year intangible Personal Property Tax. | | Yes No | |
| Zip Country | | Zip Country | | | | | |
| 24 34952 25 USA | | 29 34952 30 USA | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Tim Anderson Jeffrey M. Brown | | | | 81 Name Same registered agent as last year. | | | |
| 631 US-1 1701 SE Hillcrest Dr. #8. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| Sta 404 Port St. Lucie, FL | | | | 83 | | | |
| 12 Palm Beach, FL 33408 34952 | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | 34952 | | | |

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 | DELETED | 1.1 TITLE | Change Addition |
| NAME | Jeffrey M. Brown | 1.2 NAME | |
| STREET ADDRESS | 133 Dominion Ct. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Pierce, FL 34949 | 1.4 CITY-ST-ZIP | |
| TITLE | DELETED | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | DELETED | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DELETED | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DELETED | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | DELETED | 6.1 TITLE | Change 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(561) 337-4798

CR2E034 (11/98)