

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000018810 (9)**

1. Corporation Name  
**JAMES V. FREEMAN, M.D., P.A.**



Principal Place of Business <b>6717 NW 11TH PL GAINESVILLE FL 32605</b>	Mailing Address <b>6717 NW 11TH PL GAINESVILLE FL 32605-4214</b>
--	---

3. Date Incorporated or Qualified <b>03/03/1994</b>	3a. Date of Last Report <b>04/16/1996</b>
--	--

2. Principal Place of Business 21 <b>4881 N.W. 8th Ave.</b>	2a. Mailing Address 25
Suite, Apt. #, etc. 22 <b>Suite 3</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Gainesville, FL</b>	City & State 28
Zip 24 <b>32605</b>	Country 25 <b>Alachua</b>
Country 25 <b>Alachua</b>	Zip 29
Country 25 <b>Alachua</b>	Country 30

4. FEI Number <b>59-3226623</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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

**FREEMAN, JAMES V MD  
6717 NW 11TH PL  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name <b>Freeman, James V. M.D.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4881 N.W. 8th Ave., Suite 3</b>
83
84 City <b>Gainesville, FL</b>
85 Zip Code <b>32605</b>

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]* DATE: **4/15/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, JAMES V MD</b>	1.2 NAME	<b>Freeman, James V MD</b>
STREET ADDRESS	<b>6717 NW 11TH PL</b>	1.3 STREET ADDRESS	<b>4881 N.W. 8th Ave, Suite 3</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32605</b>	1.4 CITY - ST - ZIP	<b>Gainesville, FL 32605</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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 its 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]* DATE: **4/15/97** (352) 335-5991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)