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Feb 22, 1999 8:00 am
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02-22-1999 90052 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018810

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4881 NW 8TH AVE SUITE 3 GAINESVILLE FL 32605 US
Freeman 5630 S.W., 88th Ct. Gainesville, FL 32608
Mailing Address 4881 NW 8TH AVENUE SUITE #3 GAINESVILLE FL 32605 US
Freeman 5630 S.W., 88th Ct. Gainesville, FL 32608

3. Date Incorporated or Qualified 03/03/1994
4. FEI Number 59-3226623
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
FREEMAN, JAMES V MD
4881 NW 8TH AVE
SUITE 3
GAINESVILLE FL 32605
Freeman 5630 S.W., 88th Ct. Gainesville, FL 32608

10. Name and Address of New Registered Agent
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 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] JAMES V. FREEMAN 1/9/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME FREEMAN, JAMES V MD
STREET ADDRESS 4881 NW 8TH AVE., SUITE 3
CITY-ST-ZIP GAINESVILLE FL
[Delete fields follow]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [Change] Addition
1.2 NAME Freeman
1.3 STREET ADDRESS 5630 S.W., 88th Ct.
1.4 CITY-ST-ZIP Gainesville, FL 32608
[Addition fields follow]

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] JAMES V. FREEMAN 1/9/99 352 374-8837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)