

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

001603

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90122 039 ***150.00

DOCUMENT # P94000029485

1. Corporation Name JOHN T. WOESTE, JR., M.D., P.A.



Principal Place of Business 500 WEST 8TH ST SUITE 910A JACKSONVILLE FL 32209 US
 Mailing Address 600 PONTE VEDRA BLVD.. #209 SUITE 910A PONTE VEDRA BEACH FL 32082 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 Ponte Vedra Blvd #209
 Suite, Apt. #, etc. #209
 City & State 23 Ponte Vedra Bch
 Zip Country 24 32082 25 USA

2a. Mailing Address 26 Same
 Suite, Apt. #, etc.
 City & State 28
 Zip Country 29 30

3. Date Incorporated or Qualified 04/19/1994
 4. FEI Number 59-3243937 Applied For Not Applicable
 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

9. Name and Address of Current Registered Agent
 COLEMAN, TRACY E
 233 E BAY ST
 SUITE 920
 JACKSONVILLE FL 32202

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] DATE 2/19/99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	WOESTE, JOHN T	
STREET ADDRESS	600 PONTE VEDRA BLVD., #209	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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] DATE 2/19/99 Daytime Phone # 280-0282

CR2E034 (11/98)