SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000092206 (9)

JAMES E. FERGUSON, M.D., P.A.

APPROVED _AND

97 AUG -7 AM 10: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address								JOHO OM POOL			
2359 FOXWORTH DRIVE PANAMA CITY FL 32405				2359 FOXWORTH DRIVE PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 3a. Date of Last	Report		
								12/21/1994 02/22/199	6		
2. Principal Place of Business				2a. Mailing Address					Applied For		
21				26					Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					Fee Required		
City & State 23			28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		ļ,	Zip Cour			/	This corporation owes or has paid the current year Intangible				
24 25			29								
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent			
FERGUSON, JAMES E						81	Name	6			
2359 FOXWORTH DRIVE						82	Street	Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32405											
						63	l				
						84	City	85 Zi	p Code		
							<u> </u>	FL " 4			
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, types	or printed name of registered age		· · · · · · · · · · · · · · · · · · ·			ent signature	ure required when reinstating) DATE			
12.		OFFICERS AN	D DIRE	CTORS DELI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
TITLE	FEDOL	00M IANEO E				1.1 TITLE		L. Cliange	/ LI MUGILION		
NAME FERGUSON, JAMES E STREET ADDRESS 2359 FOXWORTH DR.						1.2 NAME			[5		
BALLALL AND FL ARIAT ARA							ADDRESS		ان		
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STREET ADDRESS							ADDRESS				
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CITY-ST-ZIP	,							´			
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NAME						S.2 NAME		1/8 1911.			
							ADDRESS	Ψ	}		
STREET ADDRESS							ADDRESS	7	l		
CITY-ST-ZIP	l				1 4	5.4 CITY - S	51 * ZIP*	_L			

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.

0/4/97 /600) 622-6262