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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000006370 1. Corporation Name J. BRADLY HALL, D.M.D., P.A.					
Principal Place of Business 9776 SAN JOSE BLVD 7 JACKSONVILLE FL 32257 US			Mailing Address 9776 SAN JOSE BLVD 7 JACKSONVILLE FL 32257 US		
2. Principal Place of Business 21 21 Suite, Apt., #, etc.		2a. Mailing Address 26 26 Suite, Apt., #, etc.		3. Date Incorporated or Qualified 01/20/1995	
22 22 City & State		27 27 City & State		4. FEI Number 59-3303647	
23 23 Zip		28 28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 24 Country		29 29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BECKLEREG, WILLIAM 637 PARK ST JACKSONVILLE FL 32204			10. Name and Address of New Registered Agent 81 Name J. Bradley Hall - DMD 82 Street Address (P.O. Box Number is Not Acceptable) 9776 San Jose Blvd #7 83 Jacksonville 32257 84 City Jacksonville FL FL 85 Zip Code 32256		
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 5/2/99					
12. OFFICERS AND DIRECTORS TITLE HALL, J B <input type="checkbox"/> DELETE NAME 11571 SAN JOSE BLVD STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/99 (904) 262-688
 Daytime Phone #

CR2E034 (11/98)