FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000007474 (6)**

1. Corporation Name

DR. DOUGLAS A. JORDAN JR. D.P.M. P.A.

Principal Place of Business
2656 MCMULLEN BOOTH ROAD
SUITE 2312
CLEARWATER FL 34621

Mailing Address
2656 MCMULLEN BOOTH ROAD
SUITE 2312
CLEARWATER FL 34621

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 8543 BERKLEY DR.
Suite, Apt #, etc
27
City & State
28 HUDSON FL.
Zip 29 34667-6943 | County 30 PASCO

4. FEI Number: 59-3297208 [ ] 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 has eligibility for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 617.1508, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	JORDAN, DR. DOUGLAS A JR.	
STREET ADDRESS	2656 MCMULLEN BOOTH ROAD, STE. 2312	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	[ ] DELETE
NAME	HOWE, MICHAEL A	
STREET ADDRESS	951 LUCAS LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change	[ ] Addition
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		[ ] Change	[ ] Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		[ ] Change	[ ] Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		[ ] Change	[ ] Addition
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		[ ] Change	[ ] Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ] Change	[ ] Addition
6 NAME			
6 STREET ADDRESS			
6 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 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.

SIGNATURE: [signature] 4/6/96 813-868-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)