


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 038 ***150.00

0065489

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000039577			
1. Corporation Name ROBERT B. DAVID, PH.D. AND JUDITH M. MCBRIDE, PH.D., P.A.			
Principal Place of Business ROUTE 4, BOX 380-A HAWTHORNE FL 32640		Mailing Address ROUTE 4, BOX 380-A HAWTHORNE FL 32640	
(Physical location is same. P.O. changed address for FMR SERVICES)			
2. Principal Place of Business 21 170 Redwater Lake Rd. Suite, Apt. #, etc. 22 Hawthorne City & State 23 FL 32640 Zip 24 Country 25 Putnam		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent DAVID, ROBERT B ROUTE 4, BOX 380-A HAWTHORNE FL 32640			
10. Name and Address of New Registered Agent 81 Name (SAME OFFICE / different address) 82 Street Address (P.O. Box Number is Not Acceptable) 170 Redwater Lake Rd. 83 Hawthorne 84 City FL 85 Zip Code 32640			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE



CR2E034 (1/98)

SIGNATURE:

Robert B. David
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President 2-8-99 352-371-4857
Date Daytime Phone #