
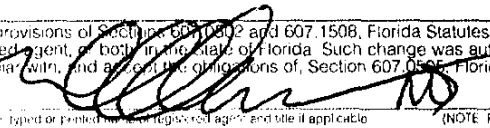
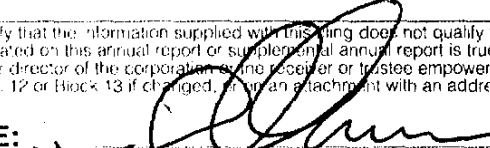


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P 95000052334</b>			
1. Corporation Name <b>PAIM BAY MEDICAL CLINIC, INC.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21. <b>1663 Georgia Street</b>	26. <b>1080 Indiantown Rd.</b>	3. Date Incorporated or Qualified <b>7/3/95</b>	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. <b>#100</b>	3a. Date of Last Report	
23. <b>Palm Bay, Florida</b>	28. <b>Jupiter, FL</b>	4. FEI Number <b>65-0592115</b>	
24. <b>32907</b>	25. <b>Indian River</b>	Applied For Not Applicable	
29. <b>33477</b>	30. <b>Palm Beach</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Ahner, Neil A MD 5672 Orange Road Jupiter, FL 33458		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62. NAME			
63. STREET ADDRESS			
64. 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 and a member 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:  561-744-0077			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)