


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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000052945 (9)**

1. Corporation Name  
**ERIC W. SHULTZ DPM, P.A.**



Principal Place of Business <b>4063 SALISBURY RD.                  SUITE 205                  JACKSONVILLE FL 32216</b>	Mailing Address <b>4063 SALISBURY RD.                  SUITE 205                  JACKSONVILLE FL 32216-6190</b>
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3. Date Incorporated or Qualified <b>07/03/1995</b>	3a. Date of Last Report <b>04/20/1996</b>
4. FEI Number <b>59-3315544</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4558 SAN JUAN AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4558 SAN JUAN AVE</b> Suite, Apt. #, etc.
22 <b>B</b> City & State	27 <b>B</b> City & State
23 <b>JACKSONVILLE, FL</b> Zip Country	28 <b>JACKSONVILLE, FL</b> Zip Country
24 <b>32210</b>	25 <b>DUVAL</b>
29 <b>32210</b>	30 <b>DUVAL</b>

9. Name and Address of Current Registered Agent <b>SHULTZ, ERIC W                  4063 SALISBURY RD.                  SUITE 205                  JACKSONVILLE FL 32216</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>4558 B SAN JUAN AVE</b> 84 City <b>JACKSONVILLE</b> <b>FL</b> 85 Zip Code <b>32210</b>
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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:  DATE: **04/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, ERIC W</b>	1.2 NAME	
STREET ADDRESS	<b>4063 SALISBURY RD. STE. 205</b>	1.3 STREET ADDRESS	<b>4558 B SAN JUAN AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32216</b>	1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:  DATE: **04/21/97** (904) 388-2676

CR2E034 (9/96)