

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

FILED

Jan 24 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 # P95000058205 (2)

1. Corporation Name
JACQUELINE B. LLINAS, M.D., P.A.



Principal Place of Business

Mailing Address

~~5332 N.W. 8TH AVENUE
GAINESVILLE FL 32605~~

~~5332 N.W. 8TH AVENUE
GAINESVILLE FL 32605-1487~~

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 2879 NW 4TH LANE
22 Suite, Apt. #, etc.:
23 City & State: GAINESVILLE FL
24 Zip: 32607 25 Country: USA

2a. Mailing Address: 26 2879 NW 4TH LANE
27 Suite, Apt. #, etc.:
28 City & State: GAINESVILLE FL
29 Zip: 32607 30 Country:

4. FEI Number: 59-3333250
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LLINAS, JACQUELINE B
5332 N.W. 8TH AVENUE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name: LLINAS, JACQUELINE B
82 Street Address (P.O. Box Number is Not Acceptable): 2879 NW 4TH LANE
83
84 City: GAINESVILLE FL 85 Zip Code: 32607

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	
TITLE	P	1.1 TITLE	P
NAME	LLINAS, JACQUELINE B	1.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	1.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	1.4 CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	VP	2.1 TITLE	VP
NAME	LLINAS, JACQUELINE B	2.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	2.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	2.4 CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	ST	3.1 TITLE	ST
NAME	LLINAS, JACQUELINE B	3.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	3.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	3.4 CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LLINAS, JACQUELINE B	1.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	1.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	1.4 CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	VP	2.1 TITLE	VP
NAME	LLINAS, JACQUELINE B	2.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	2.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	2.4 CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	ST	3.1 TITLE	ST
NAME	LLINAS, JACQUELINE B	3.2 NAME	LLINAS, JACQUELINE B
STREET ADDRESS	5332 N.W. 8TH AVENUE	3.3 STREET ADDRESS	2879 NW 4TH LANE
CITY - ST - ZIP	GAINESVILLE FL 32605	3.4 CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Jacqueline B. Llinas* JACQUELINE LLINAS 1/15/97 352-375-9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)