FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # **P95000093256 (2)**

1. Corporation Name
JACK DOUGLAS SCOTT, M.D., P.A.

Principal Place of Business
820 PRUDENTIAL DRIVE STE 713
JACKSONVILLE FL 32207

Mailing Address
820 PRUDENTIAL DRIVE STE 713
JACKSONVILLE FL 32207-8209

3. Date Incorporated or Qualified: **01/01/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 5211 NW 50th Terrace
Suite, Apt. #, etc.
22
City & State
23 Gainesville Florida
Zip 24 32606-4309 Country 25 USA

2a. Mailing Address
26 5211 NW 50th Terrace
Suite, Apt. #, etc.
27
City & State
28 Gainesville Florida
Zip 29 32606-4309 Country 30 USA

4. FEI Number: 59-3353531 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SCOTT, JACK D MD
820 PRUDENTIAL DRIVE STE 713
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: Jack D. Scott, MD
82 Street Address (P.O. Box Number is Not Acceptable): 5211 NW 50th Terrace
83
84 City: Gainesville FL 85 Zip Code: 32606

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: Jack D. Scott (Signature, Typed or Printed Name of Registered Agent) — Jack D. Scott (Signature of Officer or Director) — DATE: 01-31-97

12. OFFICERS AND DIRECTORS

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	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S [ ] Change [X] Addition
1.2 NAME	Jack Douglas Scott
1.3 STREET ADDRESS	5211 NW 50th Terrace
1.4 CITY-ST-ZIP	Gainesville Florida 32606
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt or 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: Jack D. Scott — Jack D. Scott — 01-31-97 — 352 335-8743