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Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000026381 (9)

1. Corporation Name
GAIL K. EHLIN, N.P., P.A.

Principal Place of Business
5310 N.W. 33RD AVENUE
#110
FT. LAUDERDALE FL 33309

Mailing Address
5310 N.W. 33RD AVENUE
#110
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SERCHAY, ALLAN 5310 N.W. 33RD AVE. #110 FT. LAUDERDALE FL 33309		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	EALIN, GAIL K	11 TITLE	
STREET ADDRESS	1666 CYPRESS POINT DRIVE	12 NAME	
CITY-ST-ZIP	CORAL SPRINGS FL	13 STREET ADDRESS	
		14 CITY-ST-ZIP	
		15 TITLE	
		16 NAME	
		17 STREET ADDRESS	
		18 CITY-ST-ZIP	
		19 TITLE	
		20 NAME	
		21 STREET ADDRESS	
		22 CITY-ST-ZIP	
		23 TITLE	
		24 NAME	
		25 STREET ADDRESS	
		26 CITY-ST-ZIP	
		27 TITLE	
		28 NAME	
		29 STREET ADDRESS	
		30 CITY-ST-ZIP	

14. I 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 *[Signature]*

[Signature]

CR2E034 (10/97)