

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054646 (0)
 1. Corporation Name
LULU AMORNARN, M.D., P.A.



Principal Place of Business 580 WEST 8TH STREET #614 JACKSONVILLE FL 32209	Mailing Address 580 WEST 8TH STREET #614 JACKSONVILLE FL 32209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9770 OLD BAYMEADOWS RD Suite, Apt. #, etc. 22 SUITE 129 City & State 23 JACKSONVILLE, FL Zip 24 32256 Country 25 USA		2a. Mailing Address 26 9770 OLD BAYMEADOWS RD Suite, Apt. #, etc. 27 SUITE 129 City & State 28 JACKSONVILLE, FL Zip 29 32256 Country 30 USA		3. Date Incorporated or Qualified 06/26/1996	4. FEI Number 59-3389216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent AMORNARN, LULU M.D. 580 WEST 8TH STREET #614 JACKSONVILLE FL 32209				10. Name and Address of New Registered Agent			
81 Name AMORNARN, LULU M.D.		82 Street Address (P.O. Box Number is Not Acceptable) 9770 OLD BAYMEADOWS ROAD		83 SUITE 129			
84 City JACKSONVILLE		85 State FL		86 Zip Code 32256			

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 *Lulu Amornarn M.D.* **LULU AMORNARN M.D.** DATE **4/10/1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMORNARN, LULU M.D.		1.2 NAME AMORNARN, LULU M.D.	
STREET ADDRESS 580 WEST 8TH STREET #614		1.3 STREET ADDRESS 9770 OLD BAYMEADOWS RD., SUITE 129	
CITY-ST-ZIP JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
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 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: *Lulu Amornarn M.D.* **Lulu Amornarn, MD** DATE **4/10/98** **904-564-1559**

CR2E034 (10/97)