


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066007 (1)

1. Corporation Name
KATHY YOUNGBLOOD, M.D., P.A.



Principal Place of Business 1749 NE 26TH STREET SUITE F FORT LAUDERDALE FL 33305	Mailing Address 1749 NE 26TH STREET SUITE F FORT LAUDERDALE FL 33305-1428
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3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2021 E COMMERCIAL BLVD Suite, Apt. #, etc. 22 #305 City & State 23 FT LAUDERDALE FL Zip 24 33308	2a. Mailing Address 26 2021 E COMMERCIAL BLVD Suite, Apt. #, etc. 27 #305 City & State 28 FT LAUDERDALE FL Zip 29 33308	4. FEI Number 65-0683164	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent YOUNGBLOOD, KATHY 1749 NE 26TH STREET SUITE F FORT LAUDERDALE FL 33305	10. Name and Address of New Registered Agent 81 Name YOUNGBLOOD, KATHY 82 Street Address (P.O. Box Number is Not Acceptable) 2021 E COMMERCIAL BLVD 83 #305 84 City FT LAUDERDALE FL 85 Zip Code 33308
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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 *Kathy Youngblood* KATHY YOUNGBLOOD 4/20/97
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D YOUNGBLOOD, KATHY <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGBLOOD, KATHY	1.2 NAME	YOUNGBLOOD, KATHY
STREET ADDRESS	1749 NE 26TH STREET STE F	1.3 STREET ADDRESS	2021 E COMMERCIAL BLVD, #305
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	CHISHOLM, DAVID
STREET ADDRESS		2.3 STREET ADDRESS	2021 E COMMERCIAL BLVD, #305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
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: *Kathy Youngblood* KATHY YOUNGBLOOD 4/20/97 (954)776-2870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)