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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P96000070265 (9) DOCUMENT #

COLETTE BROWN-GRAHAM, M.D., P.A.

Principal Place of Business	Mailing Address	C CONTROL IND SHITE BOOK WHILE	
1773 CLYDESDALE DRIVE LOXAHATCHEE FL 33470	10111 FOREST HILL BLVD 331 WELLINGTON FL 33414		IIS SPACE
	U\$	<ol> <li>Date Incorporated or Qualified</li> <li>08/21/1996</li> </ol>	117
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65:0699846	Not Applica
Suite. Apt. #. etc 22	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oily & State	City & State	6 Election Campaign Financing	\$5 00 May Fig.

\$5.00 May Be Trust Fund Contribution Added to Fees Country Zip Çountry 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JAMES, KEITH A 1655 PALM BEACH LAKE BLVD. 82 Street Address (P.O. Box Number is Not Appentable) **SUITE 810** WEST PALM BEACH FL 33401 Zip Code 85

11. Pursuant to the provisions of Sections 607 0902 and 607 1508. Florida Statutes, the above-camed corporation submits this statement for the purpose or changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's floarid of directors. Thereby except the appointment as registered

	7
SIGNATURE Signature, lead or printed came in registeral agent and little it applicable. (NOTE Registered agent signature required when reinstance)  UATE	
12. OFFICERS AND DIRECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	12
TILE D DELETE   11 DELETE   12 DELETE   12 DELETE   12 DELETE   12 DELETE   12 DELETE   13 DELETE   14 DELETE   14 DELETE   15	Addition
NAME BROWN-GRAHAM, M.D., COLETTE # 12 NAME	ł
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SITY-SIT-ZP LOXAHATCHEE FL 33470	j
rm	Addition
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NAME 62 NAME	}
STREET ADDRESS 63 STREET ADDRESS	
GITY-ST-7/P  64 CITY-ST-7/P  14 Thereby continue that the information supplied with this filling chas and quality for the examption stated in Supplied 140 07 3(r). Florida Statutes, I further cartify that the info	

Thereby certify that the information supplied with this filling does from quality for the exemption stated in Section 119 07/310. Florida Statutes, I further certify that the information information this 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 efficier or director of the corporation or the receiver or trustee employed of 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.

**FILED** 

Jan 16 1998 8:00am

Secretary of State

Applied For Not Applicable