


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
 97 DEC 22 AM 8:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000080684 (9)
 1. Corporation Name
DANIELE J. MONTGOMERY, M.D., P.A.

Principal Place of Business: **36 MARSHVIEW DRIVE 1375 ARAPAHO ST. AUGUSTINE FL 32084 32086.**
 Mailing Address: **36 MARSHVIEW DRIVE 7672 AIA South ST. AUGUSTINE FL 32084 32086**

REINSTATEMENT *91*
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1375 ARAPAHO AVENUE**
 Suite, Apt. #, etc.
 22
 City & State
 23 **ST. AUGUSTINE, FL**
 Zip Country
 24 **32086** 25 **ST. JOHNS** 29

3. Date Incorporated or Qualified **09/30/1996** 3a. Date of Last Report
 4. FEI Number **59-3403846** 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 owns or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MONTGOMERY, DANIELE J M.D.
36 MARSHVIEW DRIVE 7672 AIA South
ST. AUGUSTINE FL 32084
32086.

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **700002983567-4**
-12/26/87-01085-006
 84 City **FL**

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 *Daniele J. Monty* **P. J. MONTGOMERY** PRESIDENT 12/12/97
Signature, typed or printed name of registered agent and title, if any. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, DANIELE J M.D.	
STREET ADDRESS	36 MARSHVIEW DRIVE 7672 AIA South	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084-32086.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Daniele J. Monty* **12/24/97** **404 829 0443**

CR2E034 (4/97)