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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P97000001198 (5)

1. Corporation Name
JACQUELINE D. GREEN, M.D., PA



Principal Place of Business
224 DATURA STREET #1414
WEST PALM BEACH FL 33401

Mailing Address
224 DATURA STREET #1414
WEST PALM BEACH, FL 33401-5642

3. Date Incorporated or Qualified 12/31/1996	3a. Date of Last Report
4. FEI Number 11 307 5211	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 134 Rosales Ct Suite, Apt. #, etc.	26. PO Box 43-0942 Suite, Apt. #, etc.
22. City & State Miami FL	27. City & State Miami, FL
23. Zip 33143 Country Dade	28. Zip 33243 Country
24. 33143	29. 33243
25. Dade	30.

9. Name and Address of Current Registered Agent
GROSSMAN, LOUIS L. I
224 DATURA STREET #1414
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name Dr. Jacqueline Green
82. Street Address (P.O. Box Number is Not Acceptable) 134 Rosales Ct
83.
84. City Miami
85. Zip Code FL 33143

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 *[Signature]* DATE 9/10/97

12. OFFICERS AND DIRECTORS

TITLE	DELETED
NAME	Jacqueline D. Green <input type="checkbox"/> DELETE
STREET ADDRESS	PO Box 43-0942
CITY-ST-ZIP	Miami FL 33243
TITLE	DELETED
NAME	N/A - mailing address <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	President	
1.3 STREET ADDRESS	Jacqueline D. Green, MD	
1.4 CITY-ST-ZIP	PO Box 43-0942 N/A	
2.1 TITLE	Change	Addition
2.2 NAME	Miami FL 33243	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME	6000023062906-0-0000	
3.3 STREET ADDRESS	-09/29/97--01121--002	
3.4 CITY-ST-ZIP	***550.00 ***550.00	
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME	8/9/26	
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 *[Signature]* DATE 9/10/97

CR2E034 (9/96)