## 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

DOCUMENT # P97000097493 (5)

JORDAN K. DAVIS, M.D., P.A.

Principal Place of Business

Mailing Address

## FILED Mar 25 1998 8:00am Secretary of State



7601 WOOD DUCK DRIVE BOCA BATON FL 33428 7601 WOOD DUCK DRIVE **BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 1905 CLINT MOOLE Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc  $\Box$ 5. Certificate of Status Desired SUITE Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing RATUN BOCA Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year intang ble Źip Yes □ Ño Personal Property Tax due June 30. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KRAMER, ROBERT M 4000 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUIE 485 SOUTH** HOLLYWOOD FL 33021 Zip Code 84 City 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 DATE Signature, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE TITLE 1.1 TITLE NAME DAVIS, JORDAN K 1.2 NAME STREET ADDRESS 7601 WOOD DUCK DRIVE 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY+ST-7IP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP \_\_ Addition Change DELETE 6.1 TITLE TITLE 62 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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 changes, or on an attachment with an address.

SIGNATURE:

3/11/98