

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106541 (0)
1. Corporation Name
SUNIL GUPTA, M.D., P.A.



Principal Place of Business 51 YACHT CLUB DRIVE FT WALTON BEACH FL 32548	Mailing Address 51 YACHT CLUB DRIVE FT WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1997	
21 Suite, Apt. #, etc.	22 City & State	26 PO Box 12832	27 Suite, Apt. #, etc.	4. FEI Number 59-3482386	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Pensacola, FL	29 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 Country	29 Country	30 USA	31 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**JESMONTH, RICHARD E
217 A. EAST INTENDENCIA ST.
PENSACOLA FL 32501**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	GUPTA, SUNIL MD	
STREET ADDRESS	289 PLANTATION HILL ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32501	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	GUPTA, Sunil M.D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GUPTA, Sunil M.D.		
1.3 STREET ADDRESS	PO Box 12832 N/A		
1.4 CITY-ST-ZIP	Pensacola, FL 32576-2832		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 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 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 _____ DATE **2/10/98**

CR2E034 (10/97)