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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100830			
1. Corporation Name MARTHA J. STRICKLAND, M.D., P.A.			
Principal Place of Business 1715 HODGES BLVD #2701 JACKSONVILLE FL 32224		Mailing Address 1715 HODGES BLVD #2701 JACKSONVILLE FL 32224	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 PO Box 339 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30 31	
9. Name and Address of Current Registered Agent STRICKLAND, MARTHA J 1715 HODGES BLVD #2701 JACKSONVILLE FL 32224		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 on 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 provisions of Section 607.0505, Florida Statutes. SIGNATURE: Martha J. Strickland MD DATE: 4/23/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE: D/P/T/S NAME: STRICKLAND, MARTHA J STREET ADDRESS: 1715 HODGES BLVD #2701 CITY-ST-ZIP: JACKSONVILLE FL 32224 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [Change] [Addition] 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [Change] [Addition] 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [Change] [Addition] 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)