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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S17258

(2)

1. Corporation Name
D. C. AUDIJE, M.D., P.A.



Principal Place of Business
**1268 W EDGEWOOD AVE.
 JACKSONVILLE FL 32208**

Main Office Address
**1268 W EDGEWOOD AVE.
 JACKSONVILLE FL 32208-2762**

2. Principal Place of Business

2a. Main Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

County

28 Zip

County

24

9. Name and Address of Current Registered Agent

**AUDIJE, D.C.
 1268 W. EDGEWOOD AVE
 ONE INDEPENDENT DR.
 JACKSONVILLE FL 32208**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
04/29/1996

4. FEI Number
59-3038045

Applied For
 Not Applicable

5. Corp. Size of State Tax Exempt

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added To Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.021 and 607.1500, Florida Statutes, the above named corporation hereby certifies for the purposes of changing its registered office or registered agent or both in the State of Florida, that change was authorized by the Corporation's Board of Directors, if newly accepted the appointment of a registered agent. I am hereby certifying to the provisions of Section 607.021, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Deleted
NAME	AUDIJE, D. C., M.D.	
STREET ADDRESS	1268 W EDGEWOOD AVE.	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Deleted
NAME	AUDIJE, ROSALINDA B	
STREET ADDRESS	1268 W EDGEWOOD AVE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information appears to be true and correct and qualify for the exempt provided in Section 199.032(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or member of the corporation for the year of my appointment. I am hereby certifying to the provisions of Section 607.021, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or supplemental report as applicable.

SIGNATURE: *Rosalinda Audijs, MPA* 4/18/97 904-765-9944

CR2E034 (9/96)