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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90023 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S17258

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

Principal Place of Business
 2250 S FIRST ST
 LAKE CITY FL 32025
 US

Mailing Address
 2250 S FIRST ST
 STE 2
 LAKE CITY FL 32025
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3038045	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25		
Country	29		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AUDJE, 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
DOROTEO C. AUDJE M.D. 2250 SOUTH FIRST ST. #2 LAKE CITY, FL 32025 904-755-9500	

11. Pursuant to the provisions of Sections 607.0602 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: **5/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDJE, D. C., M.D.	1.2 NAME	
STREET ADDRESS	1268 W. EDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DOROTEO C. AUDJE M.D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTEO C. AUDJE M.D.	2.2 NAME	
STREET ADDRESS	2250 SOUTH FIRST ST. #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDJE, ROSALINDA B	3.2 NAME	
STREET ADDRESS	1268 W. EDGEWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ROSA LINDA AUDJE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA LINDA AUDJE	4.2 NAME	
STREET ADDRESS	2250 S. FIRST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Doroteo C. Audje (MD)** DATE: **5/28/99**

CR2E034 (1/1/98)