

DOCUMENT # S63787			
1. Entity Name			
DR. JACK A. MICELI, P.A.			
Principal Place of Business		Mailing Address	
693 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953		693 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953-1990	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		164 NE ELM TERRACE	
City & State		City & State	
Zip		34957	
Country		USA	
6. Name and Address of Current Registered Agent			
MICELI, JACK A. 693 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34953		Name Street Address (f) City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DR MICELI, JACK A. 693-695 SW PORT ST LUCIE PORT ST. LUCIE FL	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that my signature shall have the same effect as if the information were true and accurate and that my signature shall have the same effect as if the information were true and accurate and that my signature shall have the same effect as if the information were true and accurate.			
SIGNATURE: _____ DR. JACK A. MICELI			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)