

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

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Mar 02 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 # **S66272** (3)

1. Corporation Name
MICHAEL A. NOVAK, M.D. P.A.

Principal Place of Business
**11181 HEALTH PARK BLVD.
S-2240
NAPLES FL 33942**

Mailing Address
**11181 HEALTH PARK BLVD.
S-2240
NAPLES FL 33942**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1660 Medical Blvd Suite, Apt. #, etc. 22 Suite 200 Royal Palm Medical Building City & State 23 Naples FL Zip 24 34110-5734		2a. Mailing Address 25 1660 Medical Blvd Suite, Apt. #, etc. 26 Suite 200 City & State 27 Naples FL Zip 28 34110-5734		3. Date Incorporated or Qualified 07/10/1991	
29 Collier		30 Collier		4. FEI Number 65-0270964	
31 Collier		32 Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33 Collier		34 Collier		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
35 Collier		36 Collier		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NOVAK, MICHAEL A.
11181 HEALTH PARK BLVD.
S-2240
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name **Michael Novak A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1660 Medical Blvd
83 **Suite 2240 Royal Palm Medical Building**
84 City **Naples** FL 85 Zip Code **34110**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	NOVAK, MICHAEL A.	1.2 NAME	Novak Michael A
STREET ADDRESS	11181 HEALTH PARK BLVD.	1.3 STREET ADDRESS	1660 Medical Blvd Suite 200
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 34110
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Michael Novak

2/25/98 5663434 (204)

CF2E034 (10/97)