


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

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Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S77354</b> (6)					
1. Corporation Name <b>WILLIAM L. CODY, M.D., P.A.</b>					
Principal Place of Business 1820 BARRS STREET 521 JACKSONVILLE FL 32204 US			Mailing Address 1820 BARRS STREET 521 JACKSONVILLE FL 32204 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/29/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3082282	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
25		29		30	
Country		Country		6. Election Campaign Financing	
26		30		Trust Fund Contribution	
27		31		7. This corporation owes or has paid the current year Intangible	
28		32		Personal Property Tax due June 30.	
29		33		8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
30		34		9. Name and Address of Current Registered Agent	
31		35		10. Name and Address of New Registered Agent	
32		36		81 Name	
33		37		82 Street Address (P.O. Box Number is Not Acceptable)	
34		38		83	
35		39		84 City	
36		40		85 Zip Code	
37		41		FL	
38		42		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	
39		43		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	
40		44		agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
41		45		SIGNATURE	
42		46		Signature, typed or printed name of registered agent and title if applicable.	
43		47		(NOTE: Registered Agent signature required when reinstating)	
44		48		DATE	
45		49		12. OFFICERS AND DIRECTORS	
46		50		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
47		51		1.1 TITLE	
48		52		1.2 NAME	
49		53		1.3 STREET ADDRESS	
50		54		1.4 CITY - ST - ZIP	
51		55		2.1 TITLE	
52		56		2.2 NAME	
53		57		2.3 STREET ADDRESS	
54		58		2.4 CITY - ST - ZIP	
55		59		3.1 TITLE	
56		60		3.2 NAME	
57		61		3.3 STREET ADDRESS	
58		62		3.4 CITY - ST - ZIP	
59		63		4.1 TITLE	
60		64		4.2 NAME	
61		65		4.3 STREET ADDRESS	
62		66		4.4 CITY - ST - ZIP	
63		67		5.1 TITLE	
64		68		5.2 NAME	
65		69		5.3 STREET ADDRESS	
66		70		5.4 CITY - ST - ZIP	
67		71		6.1 TITLE	
68		72		6.2 NAME	
69		73		6.3 STREET ADDRESS	
70		74		6.4 CITY - ST - ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*W. L. Cody, M.D., P.A.*

1/6/98

904-387-9577

CR2E034 (10/97)