

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 28 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 # V03381 (3)
 1. Corporation Name
 STEPHEN W. POFF, M.D., P.A.



Principal Place of Business Mailing Address
 5121 CATOMA STREET #42 JACKSONVILLE FL 32210 (Please Note Changes)
 5121 CATOMA STREET #42 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 01/01/1992

2. Principal Place of Business 2a. Mailing Address
 21 2232 Foxwood Drive Suite, Apt. #, etc. 22
 23 Orange Park, Florida Zip Country 24 32073 25 USA
 26 2232 Foxwood Drive Suite, Apt. #, etc. 27
 28 Orange Park, Florida Zip Country 29 32073 30 USA

4. FEI Number Applied For
 59-3105879 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 POFF, STEPHEN W.
 5121 CATOMA STREET #42 JACKSONVILLE FL 32210 (Please Note Changes) →

10. Name and Address of New Registered Agent
 81 Name Poff, Stephen W.
 82 Street Address (P.O. Box Number is Not Acceptable) 2232 Foxwood Drive
 83
 84 City Orange Park, FL 85 Zip Code 32073

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 Stephen W. Poff, M.D. Stephen W. Poff, M.D. 7-14-98
Signature, typed or printed name of registered agent and, where applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	POFF, STEPHEN W M.D.	
STREET ADDRESS	5121 CATOMA ST. #42	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Stephen W. Poff, M.D.	
1.3 STREET ADDRESS	2232 Foxwood Drive	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	600002603806	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	-07/31/98--01012--029	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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: Stephen W. Poff, M.D. Stephen W. Poff 7/14/98 (904)264-2429

CR2E034 (5/98)

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*Stephen W. Poff, M.D., P.A.
2232 Foxwood Drive
Orange Park, Florida 32073
(904) 269-5737
FAX/2nd Line (904) 264-2429*

July 14, 1998

TO: Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Division of Corporations,

Enclosed is my 1998 Profit Corporation Annual Report with payment.

I am an emergency physician in Jacksonville, Florida. My Group Practice, with whom I independently contract, required that I personally incorporate as a P.A. (Professional Association) when I joined them. I did so as of January 1, 1992. I use my home address as my P.A. address.

I recently married and changed my address the first part of this year.

I more recently received a "2ND NOTICE" packet from you at my new address indicating I needed to now pay a late fee. I do not have a "1RST NOTICE" packet from you!

I spoke with your office on 7/10/98. In speaking with your assistant, Carol, I found that, despite having sent in a change of address to the State Office, you folks still had me listed at my old address. (Of interest, the 2ND NOTICE packet came to the new address while the form itself has the P.A. listed at the old address.)

Given this mix-up in addresses, Carol advised that I send you this cover letter explaining the problem. She told me to send in and to kindly request that you please accept a 1RST NOTICE payment of \$150.00. I have made the appropriate address changes in the Annual Report Packet.

Carol did advise me that if I have not received my packet by the end of February in the future to call and inquire as to its whereabouts. I will be sure to do so.

I thank you in advance for your consideration. If I can be of any help please call me at the above phone numbers.

Sincerely,

Stephen W. Poff M.D.
Stephen W. Poff, M.D.