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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

<sup>#</sup> 536528

(3)

PATRICK J. ROWAN, M.D., P.A.

Principal Plac	e of Business		M:	ailing Address									
5305 GRAND BLVD. 5305 GRAND BLVD.													
NEW PORT RICHEY FL 34652  NEW PORT RICHEY FL 34652					34652	;2			DO NOT WRITE	IN THIS SPACE	•		
								+	3. Date Incorporated or Qualified	IN THE OF AGE	•	-	
									06/01/1977				
2. Principal Place of Business			2a. Mailing Address					4	4. FEI Number	-	qΑ	plied For	
21			26	26					59-1747848		No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				,	5. Certificate of Status Desired			Additional	
22			27					_ _				quired	
City & State				City & State				•	6. Election Campaign Financing			May Be	
Zip Country			28	Zip Country			<del></del>	Trust Fund Contribution					
24	, ·		29	<del>-</del>		Country		'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No				
24		d Address of Current		tered Agent	1301			10	0. Name and Address of New Reg	<del></del>	=	2110	
RO	KOR ESO RE	RICE H				81	Name						
BOKOR, ESQ. BRUCE H. 911 CHESTNUT STREET				82			Street Add	dress	ess (P.O. Box Number is Not Acceptable)				
CLI	earwater fl	. 34617											
						83							
						84	City			FL 85	Zip (	Code	
11. Pursuant	to the provisions	of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the	above	s-named cor	rporat	ition submits this statement for the push board of directors. I hereby accept	urpose of chang	ging its	s registered	
agent, I a	registered agent, am familiar with, a	, or boin, in the state t and accept the obliga	tions of	f, Section 607.0505, Fl	orida St	tatutes	ine corpora S.	auo: i s	s board or directors. Thereby accept	t ma sphomme	iik da i	registered	
SIGNATURE													
	Signature, typed or pr	finted name of registered agen	t and title	# applicable (NO)		arad Aaa		uirad wh	hen reinstating)	DATE			
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14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Fiorida 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 or an altagement affices.

1-20-98