

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

FILED
Mar 19 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 # P92000012357 (9)
 1. Corporation Name
FLORIDA MEDICAL CLINIC, P.A.

Principal Place of Business 38135 MARKET SOAURE ZEPHYRHILLS FL 33540 US	Mailing Address 38135 MARKET SOAURE ZEPHYRHILLS FL 33540 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3156212	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 MARQUARDT, EMIL C JR. 400 CLEVELAND ST. SUITE 800 CLEARWATER FL 34615				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISNER, MARK S M.D.	12 NAME	D Hashmi, Hasan, M.D.
STREET ADDRESS	38035 MEDICAL CENTER AVE.	13 STREET ADDRESS	38021 Market Square
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	14 CITY-ST-ZIP	Zephyrhills, FL. 33540
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, PAUL E M.D.	22 NAME	D Delatorre, Joe
STREET ADDRESS	8719 GALL BLVD., SUITE 208	23 STREET ADDRESS	38135 Market Square
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	24 CITY-ST-ZIP	Zephyrhills, FL. 33540
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, WALI U M.D.	32 NAME	
STREET ADDRESS	1570 FORT KING RD., SUITE 101	33 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAIYA, CHANDRESH S M.D.	42 NAME	
STREET ADDRESS	510 E. CHURCH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, DAVID H M.D.	52 NAME	
STREET ADDRESS	38035 MEDICAL CENTER AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McBath, Donald, D.O.	62 NAME	
STREET ADDRESS	38135 Market Square	63 STREET ADDRESS	
CITY-ST-ZIP	Zephyrhills, FL. 33540	64 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, trustee, or 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: *[Signature]* **CSO** **2/27/98** **813-980-8774**

CF2E034 (10/97)