

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

12/19/92

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012357

1. Corporation Name
FLORIDA MEDICAL CLINIC, P.A.



Principal Place of Business: 38135 MARKET SQUARE, ZEPHYRHILLS FL 33540, US
Mailing Address: 38135 MARKET SQUARE, ZEPHYRHILLS FL 33540, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1992**

4. FEI Number: **59-3156212** Applied For: 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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 [] Country 25 []

2a. Mailing Address: 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip 29 [] Country 30 []

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: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, MARK S MD	1.2 NAME	
STREET ADDRESS	38035 MEDICAL CENTER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, PAUL E M.D.	2.2 NAME	
STREET ADDRESS	6719 GALL BLVD., SUITE 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, WALI U M.D.	3.2 NAME	
STREET ADDRESS	1570 FORT KING RD., SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAIYA, CHANDRESH S M.D.	4.2 NAME	
STREET ADDRESS	510 E. CHURCH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, DAVID H M.D.	5.2 NAME	
STREET ADDRESS	38035 MEDICAL CENTER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBATH, DONALD D O	6.2 NAME	
STREET ADDRESS	38135 MARKET SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/6/99

CR2E034 (11/98)