


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0100542

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|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P94000063852</b><br>1. Corporation Name<br><b>PHILIP M. LASCELLE, M.D., P.A.</b> |   |  |

FILED

99 JUL 20 PM 2:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>2020 S TAMiami TRAIL<br>SARASOTA FL 34239 | Mailing Address<br>2020 S TAMiami TRAIL<br>SARASOTA FL 34239 |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |    |                     |    |   |   |
|--------------------------------|----|---------------------|----|---|---|
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified<br>08/30/1994   |   |
| 21                             | 22 | 26                  | 27 | 4. FEI Number<br>65-0516368   | Applied For<br>Not Applicable   |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |   |
| City & State                   |    | City & State        |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 23                             | 24 | 25                  | 29 | 30  | 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Zip                            |    | Country             |    | Zip   |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                                      |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>LASCELLE, PHILIP M</b><br><b>2020 S TAMiami TRAIL</b><br><b>SARASOTA FL 34239</b> |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  | FL   |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | P                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LASCELLE, PHILIP M MD | 1.2 NAME  |   |
| STREET ADDRESS             | 2020 S. TAMiami TR    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SARASOTA FL 34239     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 2.2 NAME  |   |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME  |   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  |   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME  |   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 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: *[Signature]* DATE: 7-9-99 (941) 366-3553

CR2E034 (5/99)