

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  
Aug 12 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 # P95000009210 (2)

1. Corporation Name

RALPH A. ROPHIE, M.D., P.A.



Principal Place of Business

1239 EWING AVENUE  
CLEARWATER FL 34616

33756

Mailing Address

1239 EWING AVENUE  
CLEARWATER FL 34616

33756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1995

4. FEI Number

59-3297339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LA BELLE, RICHARD D ESQ.  
3446 LAKE DRIVE  
PALM HARBOR FL 34683

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROPHIE, RALPH A M.D.

STREET ADDRESS 1239 EWING AVENUE  
CITY-ST-ZIP CLEARWATER FL 34616 33756

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002617903

-08/17/98--01087--046

\*\*\*150.00

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

Ralph A. Rophie, M.D., P.A.

8-2-98

(727) 4112-0027

CR2E034 (5/98)

August 2, 1998

Florida Department of State  
PO BOX 6327  
Tallahassee, FL 32314

Re: 1998 Profit Corporation Annual Report

I have just received my annual report packet in the mail and it says the fee has gone up to \$550 !!! Upon further inspection, I noticed that it also says "second notice". Unfortunately, I apparently never received a first notice as I know that I would have sent it in immediately had I gotten it. I have called the number listed (850) 488-9000 to explain my situation and was advised to send you the \$150 filing fee along with this letter of explanation.

In reviewing my file, I'm sure you will see that I am very diligent about filing/sending/paying all taxes, fees, etc in a timely fashion. I am asking that you PLEASE take pity on my situation and accept this check as payment in full.. Perhaps it is because of our change in zip code that the first notice was not delivered but, as I explained, (and especially knowing how simple this form is to complete) .... Had I received the notice on time, I know I would have filed it on time!!!

Thanks for all your help. If you should need to reach me for any reason, please do not hesitate.

Thanks again,

Vanessa Rophie

Vanessa Rophie

office manager for.....

RALPH A. ROPHIE, M.D., P.A.

1239 Ewing Avenue

Clearwater, FL 33756

(727) 442-0022

Re: Tax ID# 59-3297339