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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000029441 (9)**

1. Corporation Name

LIROT DOLAN, P.A.

Principal Place of Business	Mailing Address
4404 N GRADY AVENUE TAMPA FL 33614	4404 N GRADY AVENUE TAMPA FL 33614

3. Date Incorporated or Qualified: **04/10/1995**

3a. Date of Last Report:

4. FEI Number: **59-3310627** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc: 112 East Street	26 Suite, Apt. #, etc: 112 East Street
22 City & State: Suite B	27 City & State: Suite B
23 Zip: Tampa, FL 33602	28 Zip: Tampa, FL 33602
24 Country: 33602	29 Country: 33602
25	30 U.S.A.
	U.S.A.

9. Name and Address of Current Registered Agent

DOLAN, MARK R
4404 N GRADY AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: Dolan, Mark R.
82 Street Address (P.O. Box Number is Not Acceptable): 112 East Street
83 Suite B
84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0202 and 607.1005, 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: Mark R. Dolan MARK R. DOLAN 2/20/96
Signature of Registered Agent (if changing) — Name of Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIROT, LUKE C 2000 MAGNOLIA DRIVE CLEARWATER FL 34624 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director Lirot, Luke C. 112 East Street Suite B Tampa, FL 33602 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLAN, MARK R 4404 N GRADY AVENUE TAMP FL 33614 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Dolan, Mark R. 112 East Street Suite B. Tampa, FL 33602 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 300001760983 -03/28/96--01050--024 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: Mark R. Dolan MARK R. DOLAN 2/20/96 (813) 221-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #