

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90033 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P 98 00000 2270
 1. Corporation Name
 ACTION NEUROMUSCULAR MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
 Previous
 3231 GULFGATE DRIVE → SAME
 # 102 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 JAN. 7, 1998
 4. FEI Number
 65-0814818
 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
 21 215 E. SLIGH AVE
 Suite, Apt. #, etc.
 22
 City & State
 23 TAMPA FL
 Zip Country
 24 33604 25
 2a. Mailing Address
 26 7350 S. TAMAMI TRAIL
 Suite, Apt. #, etc.
 27 SUITE 158
 City & State
 28 SARASOTA FL
 Zip Country
 29 34231 30

9. Name and Address of Current Registered Agent
 TIMOTHY D. ROBERTS
 1700 GLENHOUSE DRIVE; GL-306
 SARASOTA FL 34231

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. TIMOTHY D. ROBERTS
1.3 STREET ADDRESS	7350 S. TAMAMI TRAIL #158
1.4 CITY-ST-ZIP	SARASOTA FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T. WILLIAM P. ROBERTS
2.3 STREET ADDRESS	215 E. SLIGH AVE
2.4 CITY-ST-ZIP	TAMPA FL 33604
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: [Signature] 4/13/99 941-726-1211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)