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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000077815

1. Corporation Name
THOMAS L. LAWRENCE, M.D., P.A.

Principal Place of Business	Mailing Address
3053 ENIS GLENDRIVE PALM HARBOR FL 34683	3053 ENIS GLENDRIVE PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Capital Eye Center 2 Suite, Apt. #, etc. 22 2535 Capital Medical Blvd City & State 23 Tallahassee, FL Zip 24 32308 Country 25 US	2a. Mailing Address 26 2481 Papillion Way Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32308 Country 30 US
3. Date Incorporated or Qualified 09/09/1998	
4. FEI Number 59-3531088	☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name Thomas L. Lawrence, M.D., P.A. 82 Street Address (P.O. Box Number Is Not Acceptable) 2481 Papillion Way — DISREGARD 83 (NC Change) 84 City Tallahassee FL 85 Zip Code 32308

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 Thomas L. Lawrence 8-Aug-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSTD	☐ DELETE	1.1 TITLE	VSTD	☒ Change ☐ Addition
NAME	LAWRENCE, PENNY L		1.2 NAME	Lawrence, Penny L.	
STREET ADDRESS	3053 ENIS GLENDRIVE		1.3 STREET ADDRESS	2481 Papillion Way	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LAWRENCE, THOMAS L M.D.		2.2 NAME	Lawrence, Thomas L. M.D.	
STREET ADDRESS	3053 ENIS GLENDRIVE		2.3 STREET ADDRESS	2481 Papillion Way	
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Thomas L. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #