

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S02678 (8)

1. Corporation Name:

VINCENT DI CARLO, M.D., & ASSOCIATES, P.A.

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

Principal Place of Business:

SUITE 303
710 94TH AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address:

SUITE 303
710 94TH AVENUE NORTH
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		09/25/1990	06/16/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number:	Applied For:
22		27		59-3067346	Not Applicable
City & State:		City & State:		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip:	County:	Zip:	County:	6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent:				10. Name and Address of New Registered Agent:	

**OEHLER, HAROLD D
111 MADISON ST.
SUITE 2300
TAMPA FL 33602**

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, name or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI CARLO, VINCENT M	1.2 NAME	
STREET ADDRESS	5008 SAN MIGUEL ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent DiCarlo, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Vincent DiCarlo, M.D.

June 7, 1995

813-577-7755
(TALLAHASSEE, FLORIDA)

CR2E004 (3/95)