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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90010 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # S02678

1. Corporation Name
VINCENT DI CARLO, M.D., & ASSOCIATES, P.A.



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

3. Date Incorporated or Qualified
09/25/1990

2. Principal Place of Business
 21 **3903 S. Westshore**

2a. Mailing Address
 26 **3903 S. WESTSHORE BLVD.**

4. FEI Number
59-3067346

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
Tampa, FL

28 City & State
TAMPA, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **33611** 25 Country **USA**

29 Zip **33611** 30 Country **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

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

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 DELETE
 NAME **DOD**
 STREET ADDRESS **DI CARLO, VINCENT M. D.**
 CITY-ST-ZIP **5006 SAN MIGUEL ST. TAMPA FL 33629**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **PRESIDENT**
 1.3 STREET ADDRESS **GARNER, ROSANNA M.D.**
 1.4 CITY-ST-ZIP **3903 S. WESTSHORE BLVD. TAMPA, FL 33611**

2.1 TITLE Change Addition
 2.2 NAME **SECRETARY**
 2.3 STREET ADDRESS **DICARLO, VINCENT**
 2.4 CITY-ST-ZIP **5006 SAN MIGUEL TAMPA, FL 33629**

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

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 REQUIRED Rosanna Garner 4/26/99 813-831-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)