

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 049 \*\*\*158.75

<b>DOCUMENT # S02678</b>					
<b>1. Entity Name</b> VINCENT DI CARLO, M.D., & ASSOCIATES, P.A.					
<b>Principal Place of Business</b> 3903 S. WESTSHORE BLVD TAMPA, FL 33611		<b>Mailing Address</b> 3903 S. WESTSHORE BLVD TAMPA, FL 33611			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3067346	
Zip		Zip		Applied For Not Applicable	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OEHLER, ANGELA S 4705 CLEAR AVE. TAMPA, FL 33629			Name <b>OEHLER, ANGELA S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3903 S. Westshore Blvd.</b> City <b>Tampa</b> FL Zip Code <b>33611</b>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <i>Angela S. Oehler</i>		Signature, typed or printed name of registered agent and title if applicable.		<i>Angela S. Oehler</i> (NOTE: Registered Agent signature required when registering)	
				DATE <b>4/29/03</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARNER, ROSANNA M.D.</b>		NAME		
STREET ADDRESS	<b>3903 S. WESTSHORE BLVD. RG</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		CITY-ST-ZIP		
TITLE	<b>EV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OEHLER, ANGELA</b>		NAME		
STREET ADDRESS	<b>3903 S. WESTSHORE BLVD. L6</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <i>Angela Oehler</i>		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/29/03</b>	
				Daytime Phone # <b>813-835-4383</b>	

CR2E034 (10/02)