

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:43

DOCUMENT # **S81064** (5)

1. Corporation Name
KATHLEEN MCCARTY, M.D., P.A.

Principal Place of Business Mailing Address
4730 N HABANA AVE SUITE 804 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3089545** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5108 N. HABANA AVE** 26 **5108 N. HABANA AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE #2** 27 **SUITE #2**

City & State City & State
23 **TAMPA FL** 28 **TAMPA, FL**

Zip Country Zip Country
24 **33614** 25 **HILLSBOROUGH** 29 **33614** 30 **HILLSBOROUGH**

9. Name and Address of Current Registered Agent
FAGIANELLI, NANCY J.
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name **ANTHONY W. PALMA**
82 Street Address (P.O. Box Number is Not Acceptable) **370 N. ORANGE AVE, SUITE 1100**
83
84 City **ORLANDO** 85 Zip Code **FL 32802**

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 607.0502, Florida Statutes.

SIGNATURE _____ DATE **5/29/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MCCARTY, KATHLEEN
STREET ADDRESS	4730 N HABANA AVE. #304
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

RECEIVED BY MAY 1

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 110.07(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; 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.

SIGNATURE: Kathleen McCarty MD 1-10-95 813-892-6031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)