


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 29 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # S81064 (5)**

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



Principal Place of Business <b>5106 N HABANA AVE STE 2 TAMPA FL 33614 US</b>	Mailing Address <b>5106 N HABANA AVE STE 2 TAMPA FL 33614 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>09/18/1991</b>	3a. Date of Last Report <b>02/22/1996</b>
4. FEI Number <b>59-3089545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PALMA, ANTHONY W  
390 N ORANGE AVE  
STE 1100  
ORLANDO FL 32802**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTY, KATHLEEN</b>	
STREET ADDRESS	<b>5108 NORTH HABANA AVENUE, #2</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>300002257663--8</b>
1.4 CITY-ST-ZIP	<b>-08/05/97--01017--006</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)

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**KATHLEEN McCARTY, M.D., P.A.**

5108 NORTH HABANA AVENUE  
SUITE TWO  
TAMPA, FLORIDA 33614

DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY  
AND NEUROLOGY

TELEPHONE  
(813) 872-6031

July 21, 1997

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

This is to inform you that I did not receive the 1st Notice for 1997 Profit Corporation Annual Report. I contacted your office today and was told that because I did not receive this notice, that the fee that I owe is \$165.00 which I am enclosing.

Thank you for your assistance in this matter.

Sincerely,

*Kathleen McCarty M.D.*

Kathleen McCarty, M.D.