

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604452 (3)  
1. Corporation Name  
TOWNSEND, LASSEN, ROGERS AND DUNLAP, M.D.'S,P.A.



Principal Place of Business  
2010-59TH ST.W. STE. 4400  
BRADENTON FL 34209

Mailing Address  
2010-59TH ST.W. STE. 4400  
BRADENTON FL 34209-4670

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1973		3a. Date of Last Report 03/19/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1466615		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AUCOIN, GARFIELD W 2010 59TH ST W STE 4400 BRADENTON FL 34209				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	T/S/D
NAME	AYRES, JOHN R.	1.2 NAME	
STREET ADDRESS	2010 59 ST W #4400	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	ASST S/T/D
NAME	LASSEN, KEITH J	2.2 NAME	
STREET ADDRESS	2010 59 ST W, #4400	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	P/D
NAME	SILBEY, MARK B	3.2 NAME	
STREET ADDRESS	2010 59 ST W #4400	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	ROGERS, JAMES T	4.2 NAME	
STREET ADDRESS	2010 59 ST W #4400	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	V/D
NAME	DUNLAP, GARY L	5.2 NAME	
STREET ADDRESS	2010 59 ST W, #4400	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

GARY L. DUNLAP  
4/17/97 941-792-1444

CR2E034 (9/96)