


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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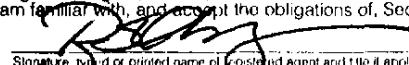


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/12/1973	4. FEI Number 59-1466615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AUCOM, GARFIELD W 2010 59TH ST W STE 4400 BRADENTON FL 34209				10. Name and Address of New Registered Agent 81 Name OBREGON, ROBERT S 82 Street Address (P.O. Box Number is Not Acceptable) 2010 59th St West 83 Suite 4400 84 City BRADENTON FL 85 Zip Code 34209			
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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 **4/24/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TSD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYRES, JOHN R.			1.2 NAME	Ayres, John R.		
STREET ADDRESS	2010 59 ST W #4400			1.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	BRADENTON FL		
TITLE	ASTD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASSEN, KEITH J			2.2 NAME	Lassen, Keith J		
STREET ADDRESS	2010 59 ST W, #4400			2.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	BRADENTON FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	m	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILBEY, MARK B			3.2 NAME	Obregon, Robert S.		
STREET ADDRESS	2010 59 ST W #4400			3.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP	BRADENTON, FL		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, JAMES T			4.2 NAME	Rogers, James T		
STREET ADDRESS	2010 59 ST W #4400			4.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP	BRADENTON FL		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, GARY L			5.2 NAME	Dunlap, GARY L.		
STREET ADDRESS	2010 59 ST W, #4400			5.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-ST-ZIP	BRADENTON FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Shortt, James D		
STREET ADDRESS				6.3 STREET ADDRESS	2010 59th St.W. #4400		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	BRADENTON, FL		

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.

SIGNATURE  DATE **4/24/98** (941) 797-1424

CR2E034 (10/97)