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

PROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Pia	ONENT # 40319 P. DOYLE, M.D., P.A. Ce of Business STREET. NORTH SBURG FL 33709	Mailing Address 4805 49TH STREET.			
		ST. PETERSBURG FL	. 33709	3. Date Incorporated or Qualified	I.a. 6
2 Principal I	Place of Business			10/14/1974	3a. Date of Last Report 03/01/1995
21	r Record Breakings	2a. Mailing Address 26		4. FEI Number 59-1558833	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & Sta	ele .	27		5. Certificate of Status Desired	Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25 9. Name and Address of Cur	29	30	Florida Statutes	□No
	5 4 4		81 Name	10. Name and Address of New Re	gistered Agent
	RORY P. M.D.				
4805 49	OTH STREET, NORTH		82 Street Ad	ldress (P.O. Box Number is Not Acceptable	
SI. PET	ERSBURG FL 33709		83		
			84 City		B5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tos the share power	oration submits this statement for the purpo	
or registe familiar w	ered agent, or both, in the State of Fl vith, and accept the obligations of, Se	orida. Such change was authori;	zed by the corporation's bo	oration submits this statement for the purpo pard of directors. I hereby accept the appoir	se of changing its registered office
SIGNATURE.			S.	, 	and the following agent. Tan
	Signature, typed or printed name of registered ag		OTE: Registered Agent signature requi	irec when reinstating)	DATE
12. Tifle	V\$	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	DOYLE, RORY P.	DELETE	1 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	4805 49TH STREET, NORTH	1	1.2 NAME		
CITY-ST-ZIP	ST. PETERSBURG FL	•	1.3 STREET ADDRESS 1.4 CITY-ST-2IP		
TITLE		☐ DELETE	2 1 THTLE		
NAME			2.2 NAME		Change C Addition
STREET ADDRESS			Z Z INAME		☐ Change ☐ Addition
CITY-ST-ZIP	1		2.3 STREET ADDRESS		☐ Change ☐ Addition
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oath; triat 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

SIGNATURE:

4/10/94 873-521-1877