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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	CONFOR					
	MENT # <b>4745</b> 5	59 (2)						
. Corporation WAITE	S. KIRKCONNELL, M.D.,	P.A.						
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rincipal Place	of Business	Mailing Address			( 160) ( 430) ( 60) ( 0) ( 10) ( 10) ( 10)		##### ##### #	IBM OIGH IBM
2919 SWANN AVE.		2919 SWANN AVE.						
Suite 307 Tampa fl 3:	3609	SUITE 307 TAMPA FL 33609						
TAIMIN TE VI					3. Date Incorporated or Qualified 05/01/1975		/09/199	5
' '	lace of Business	2a. Mailing Address			4. FEI Number 59-1586149		<del> </del>	opplied For
Suite, Apt.	#, etc.	26			5. Certificate of Status Desired		\$8.75	Not Applicable Additional Required
City & Stat	ei	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be
Z <sub>I</sub> p	Country	Zip	Coun	try	8. This corporation has liability for	or intangible tax		
1	25	29	30			es 🗌 No		
	9. Name and Address of Curr	rent Registered Agent		31 Name	10. Name and Address of New	Registered A	Agent	
				32 Street Add	Address (P.O. Box Number is Not Acceptable)			
	TAMPA FL 33609						85 Zip	Code
Pursuant or registe		502 and 607.1508, Florida Statu lorida. Such change was author ection 607.0505, Florida Statute	ites, the abovized by the co	e-named corpo prporation's boa	oration submits this statement for the pard of directors. I hereby accept the ap	FL ourpose of cha opointment as	'	egistered office agent. I am
Pursuant or registe	to the provisions of Sections 607.05 red agent, or both, in the State of Flifth, and accept the obligations of, Sections, 15, ed or printed name of repetited a	ection 607.0505, Florida Statute	ites, the abovized by the co	' '		ourpose of cha opointment as	nging its registered	
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oath; that I am an officer or director of the corporation or the receiver or under embowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by or an attachment with an address

SIGNATURE: