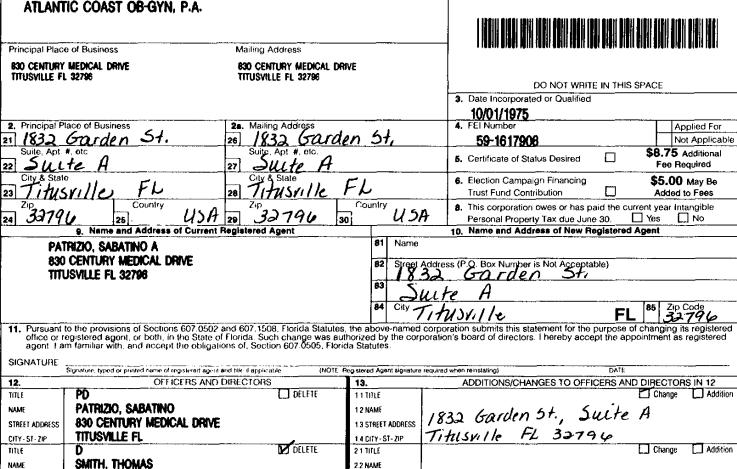
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 487077 (0)ATLANTIC COAST OB-GYN, P.A. Principal Place of Business Mailing Address 830 CENTURY MEDICAL DRIVE 830 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 <u> 10/01/1975</u> 2. Principal Place of Business 1832 Garden 59-1617908

## FILED Apr 20 1998 8:00am Secretary of State



NAME SMITH, THOMAS 2.2 NAME STREET ADDRESS 830 CENTURY MEDICAL DRIVE 2.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TOLF TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-2IP 4.4 CITY - ST - ZIP DELETE Change \_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe 61 TITLE TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

with life filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied indicated on this annual report of supplier officer or director of the corporation of the Block 12 or Block 13 if changed the process of the corporation of the Block 12 or Block 13 if changed the process of the Block 12 or Block 13 if changed the process of the Block 12 or Block 13 if changed the process of the Block 12 or Block 13 if changed the Block 13 if chang nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rior trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

S. A. Ratrizio MO

14/98 (401)2691223