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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 494038

(3)

T.C. SEBASTIAN, M.D., P.A.

Principal Place of Business Mailing Address 2173-C CENTERVILLE PLACE 2173-C CENTERVILLE PLACE P.O. BOX 13326 P.O. BOX 13326 TALLAHASSEE FL 32308-4356 TALLAHASSEE FL 32308 3. Date incorporated or Qualified 3a. Date of Last Report 02/01/1976 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2.17.3 CENT Suite, Apt. #. etc. 2173 CENTERVILLE 26 59-1644057 Not Applicable RAILE \$8.75 Additional 5. Certificate of Status Desired Fee Required TAMBUASSEE CI City & State Election Campaign Financing **\$5.00** May Be TALLAHA Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes In No N . 29 32 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEBASTIAN, T C MD 2173-C CENTERVILLE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 83 32308 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. PRESIDENT SEBUSTIAN itanuture, type for peopled name of repoten-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE

(96/6) SEBASTIAN, T C MD 1.2 NAME NAME 2173-C CENTERVILLE PLACE STREET ADDRESS 13 STREET ADDRESS TALLAHASSEE, FL 3 CITY - ST - 7 IF 1.4 CiTY - ST - ZiP DELETE Change Addition THUE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP DITY-51-ZF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3 3 STREET ADDRESS CITY - ST- ZIE 3.4 CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DELE 1E Change Addition TILLE 5.1 TITLE NAME 52 NAME STHEET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY ST-7P DELETE Change Addition THE 61 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CHY-ST-ZIF

14. I do hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 Charged or contains attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N L

-7-97 964-385-617

FILED

Jan 22 1997 8:00am

Secretary of State