

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 504812 (9)
 1. Corporation Name
RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.



Principal Place of Business 112 N. EAST STREET SUITE D TAMPA FL 33602 US	Mailing Address 112 N. EAST STREET SUITE D TAMPA FL 33602 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/04/1976	
21 5439 E. BEAUMONT CENTER Suite, Apt. #, etc.	26 5439 E. BEAUMONT CENTER BLVD Suite, Apt. #, etc.	4. FEI Number 59-1723249		Applied For Not Applicable	
22 1024 City & State	27 1024 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fees Required	
23 TAMPA FL Zip Country	28 TAMPA FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33634 Country	25 USA	29 33634	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KALISH, WILLIAM ESO
 KALISH & WARD
 4100 BARNETT PLAZA, 101 E KENNEDY BLVD
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWARSKY, IRWIN L	
STREET ADDRESS	14024 LAKE BLUFF COURT.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUTLER, KEITH B.	
STREET ADDRESS	6325 MAC LAURIN DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRANTLEY, STEPHEN G	
STREET ADDRESS	2519 CROWDER LANE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALVO, AMERICO A	
STREET ADDRESS	84 MARTINIQUE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STONESIFER, KURT J.
4.3 STREET ADDRESS	16201 SENTRY WOODS COURT
4.4 CITY-ST-ZIP	ODESSA, FL 33556
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Keith B Pautler* 4/24/98 813-886-8334

CR2E034 (10/97)