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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

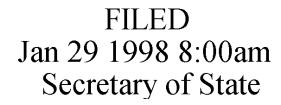
DOCUMENT # 1, Corporation Name

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DAVIS S. BOLING, M.D., PROFESSIONAL ASSOCIATION





Principal Place of Business Mailing Address 613 MAGNOLIA 613 MAGNOLIA TAMPA FL 33606 TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1976 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 59-1690683 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOLING, DAVIS S 613 MAGNOLIA Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE ST 1.1 TITLE **BOLING, MARJORIE W** NAME 1.2 NAME **B13 MAGNOLIA** STREET ADDRESS 1.3 STREET ADDRESS TMAPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BOLING, DAVIS S 2.2 NAME **813 MAGNOLIA** STREET ADDRESS 23 STREET ADDRESS TMAPA FL CITY-ST-ZIP 2. 4 OITY - ST - ZIP DELETE Change Addition TITLE 3.1 TOTLE 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE ☐ Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

64 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 rocoiver 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.