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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601095

1. Corporation Name

STOUTAMYER, STRATOS, SCHROEDER, WHALEY, RIZZO & ASSOCIATES, M.D.'S, P.A.

Principal Place of Business	Mailing Address
P.A. 2010 59TH STREET WEST BRADENTON FL 34209	P.A. 2010 59TH STREET WEST BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/17/1969

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite 1500	Suite, Apt. #, etc. 27 Suite 1500
City & State 23	City & State 28
Zip / Country 24 / 25 Manatee	Zip / Country 29 / 30 Manatee

4. FEI Number: 59-1266561 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRATOS, M.S. 2010 59TH STREET WEST SUITE 1500 BRADENTON FL 34209	81 Name: Schroeder, K.S. 82 Street Address (P.O. Box Number is Not Acceptable): 2010 59th Street West 83 Suite 1500 84 City: Bradenton FL 85 Zip Code: 34209

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Kevin S. Schroeder, M.D. 1-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHROEDER, K.S. 2010 59TH STREET W. BRADENTON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Schroeder, K.S. 2010 59th Street West, Suite 1500 Bradenton, FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STOUTAMYER, J.S. 2010 59TH STREET WEST BRADENTON FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STRATOS, M.S. 2010 59TH STREET WEST BRADENTON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WHALEY, D.H. 2010 59TH STREET, WEST BRADENTON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT Whaley, D.H. 2010 59th Street West, Suite 1500 Bradenton FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RIZZO, ANTHONY J. 2010 59TH ST W BRADENTON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DS Rizzo, Anthony J. 2010 59th Street West, Suite 1500 Bradenton, FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLAUSTEIN, PHILIP A 2010 59TH STREET WEST, SUITE 1500 BRADENTON FL 34209	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DV Blaustein, Philip A. 2010 59th Street West, Suite 1500 Bradenton, FL 34209	☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Kevin S. Schroeder, M.D. 1-11-99 941-792-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)