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

PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Sandra B. Mortham

	JAL REPORT	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
DOCU 1. Corporation	MENT # 603	403	(2)						
OWEN	M. MCCARTHY,	M.D., P.A.				TARKETE TEL MAIN TOWN TAKE M			
Principal Plac	ce of Business		Mailing Address		····		MATORIA OLDONO RATIONA		
4701	Manatee Avenu	na Wast	4701 Manatee	Armonia	o Moat				
_	nton, FL 342		Bradenton, FI						
						3. Date incorporated or Qual	ified 3a. Date	of Last R	eport
2. Principal F	Place of Business	20	2a. Mailing Address			02/28/72 4. FEI Number	07/	/11/9	b plied For
21]			26			59-1388233			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, atc.			5. Certificate of Status Desire	o		Additional
City & Stal	te	127	27 City & State			6. Election Campaign Finance	ina	\$5.00	
23		28	·			Trust Fund Contribution		Added t	
Zip 24	Countr 25	y 29	Zip 1	Coun	try	6. This corporation has flability	ty for intangible tax		199.032,
24	9. Name and Addre			30		Florida Statutes 10. Name and Address of No.			
Dorot'	hia E. McCart	hv		1	1 Name			,	
4701 Manatee Avenue West					2 Street	Address (P.O. Box Number is Not Acc	eptable)		
	nton, FL 342			h	3				
•				L					
			_		City		FL I	`\	Code
11. Pursuant office or agent. La	to the provisions of Sec registered agent, or both am familier with, and and	tions 607.0502 and h, in the State of Fic sept the obligations	607.1508, Fiorida Statuti rida. Such change was a of, Section 607.0505, Fic	es, the about authorized orida Statu	ove-named by the corp tes.	corporation submits this statement for poration's board of directors. I hereby	the purpose of ch accept the appoin	anging it	s registered registered
SIGNATURE	Signature, typed or pented name					required when reinstating)		····	
12.		FFICERS AND DIR		13.	rgent signature	ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTOR	S IN 12
TITLE	P		☐ DELETE	1.1 1111	E	,	***************************************	Change	Addition
NAME	Owen M. McCa		_	1.2 NA	IE				
STREET ADORESS	6118 Riverview Boulevard				EET ADORESS				
CITY-ST-ZIP TITLE	Bradenton, FL 34209				-ST-ZIP			Change	Addition
NAME	IS IDorothia E. McCarthy			2.1 TITL 2.2 NAX		•	_	, 41444	
STREET ADDRESS	6118 Riverview Boulevard				EET ADORESS				
CITY-ST-ZIP	Bradenton, F			2.4 CIT	Y-ST-ZIP				
TITLE			DELETE	3.1 TITL				Change	Addition
NAME STREET ADDRESS]			3.2 NAA					
CITY-ST-ZIP]				EET ADORESS Y+ST+ZIP				
TITLE			☐ DELETE	4.1 7171				Change	Addition
NAME	ļ			4. 2 NA	vE .				
STREET ADDRESS				4.3 STA	EET ADDRESS		1		
CITY - ST - ZIP			DELETE		-\$T-ZIP			Channe	Addion
TITLE NAME			C) OCLEIE	5.1 TITL 5.2 NAA		!	m , a_{lm}] Change	Addition
STREET ADDRESS					IL EET ADORESS		Y /X/		
CITY-ST-ZIP	1			1	·ST-ZIP		り ^v		
TIFLE			☐ DELETE	6.1 TITL		ي درب درب درب درب درب درب درب		Change	Addition
NAME				R.Z NAA	1	8000021 -0\$/14/9701	111005	1	
STREET ADDRESS	1			E 6 2 C FA	CCT ADVANCES	וע ועידועט ו			

14. I do 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 instincted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, the item 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 12 or Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block

6.3 STREET ADDRESS

64 CITY ST-ZIP

***165.00