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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603403

(7)

OWEN M. MCCARTHY M.D., P.A.

FILED

Jan 29 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						fisia dindia di distri di bibili di	
4701 MANATEE AVENUE WEST 4701 MANATEE AVENUE			WEST	est .			
BRADENTON	FL 34209	BRADENTON FL 34209		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	E III IIII G GI AOL	
					02/28/1972		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	/	Applied For
21 26					59-1388233	1	Not Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
22 27 City & State City & State					6 Floring Company Figure 1		Required
23		28		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country 2		Zip	Zip Country		8. This corporation owes or has pr		
24	25	29	30		Personal Property Tax due June	e 30. 🔲 Yes	□ No
· · · · · · · · · · · · · · · · · · ·	9, Name and Address of Current	i Registered Agent	41 11	10. Name and Address of New Ro	egistered Agent		
MCCARTHY, MRS. DOROTHIA E.				81 Name			
4701 MANATEE AVENUE WEST Bradenton FL 34209			8	2 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	-
			В	3			
			L				
			8	4 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above pared corporation submits this statement for the purpose of changing its recipied							
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 agen			gent signature req	uired when reinstating)	DATE.	
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
NAME	•			l l		Change	☐ Addition
STREET ADDRESS	MCCARTHY, OWEN M.,M.D. SS 6118 RIVERVIEW BLVD. W		1.2 NAM!	1			
CITY-ST-ZIP	BRADENTON FL 34209		1.3 STREET ADDRESS 1.4 City-St-Zip				
TITLE			2.1 TITLE			Change	Addition
NAME	MCCARTHY, DORTHIA E.	* *					
STREET ADDRESS	ALCO TO POSTONIA DE LOS LOS		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209		2. 4 CITY	- ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP		T ======	3.4. C(TY			·	
TITLE		☐ DELET E	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE			☐ Change	Addition
NAME		C DECEN	5.1 TITLE 5.2 NAME			∟ cuange	☐ Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		☐ DELETE	6.1 TITLE	O1 · E4		Change	Addition
NAME		-	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 C(TY-				

14. 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 funder oath, that I am an officer or director of the corporation of the receiver or trusted employeed 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 an attachment with an appears.