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Mar 30 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 # 603601 (6) 1. Corporation Name JOSEPH GIOVINCO, M.D., F.A.C.S., P.A.					
Principal Place of Business 325 W GRACE ST STE 101 TAMPA FL 33601			Mailing Address 325 W GRACE ST: 508 S HABANA STE 101 #170 TAMPA FL 33601 33609		
2. Principal Place of Business 21 508 S HABANA AVE Suite, Apt. #, etc. 22 #107 City & State 23 TAMPA FL Zip 24 33609		2a. Mailing Address 26 508 S HABANA AVE Suite, Apt. #, etc. 27 #107 City & State 28 TAMPA FL Zip 29 33609		3. Date Incorporated or Qualified 06/20/1972 4. FEI Number 59-1429343 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GIOVINCO, JOSEPH 84 DAVIS BLVD., #301 TAMPA FL 33606			10. Name and Address of New Registered Agent 81 82 83 84		
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) DATE					
12. OFFICERS AND DIRECTORS TITLE PD NAME GIOVINCO, JOSEPH STREET ADDRESS 84 DAVIS BLVD., #301 CITY-ST-ZIP TAMPA, FL 00000 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Joseph M.D. Giovinco* 2/13/97 813 879

CF2E034 (10/97)