

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

FILED
May 20 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 # 604241 (0)
1. Corporation Name
H. JEROME KOSER, D.O., P.A.



Principal Place of Business Mailing Address
TWIN OAKS PROFESSIONAL CENTRE
2143 N.E. COACHMAN RD., SUITE 1
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1973	
21		26		4. FEI Number 59-1448656	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip 33765	Country	Zip 33765	Country		
24		29			

g. Name and Address of Current Registered Agent

KOSER, JEROME H.
TWIN OAKS PROFESSIONAL CENTRE
2143 N.E. COACHMAN RD., SUITE 1
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code FL 33765

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: Type 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	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSER, H. JEROME	12 NAME	
STREET ADDRESS	2143 NE COACHMAN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUARDT, EMIL C JR	22 NAME	
STREET ADDRESS	400 CLEVELAND ST	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBETH-KOSER, JUDYTH M.	32 NAME	
STREET ADDRESS	2143 NE COACHMAN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 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.

SIGNATURE:

H. Jerome Koser, DO

4-28-98

CR2E034 (10/97)