ANNL	E NOW: FILIN PROFIT RPORATION JAL REPORT 1998		FLORIDA DEPA Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FILED Jan 29 1998 8:00am Secretary of State		
1. Corporation	MENT # 6 DR'S CLINIC OF	44736 15th street, In	(1) NC.				
Principal Place	e of Business	Ma	ailing Address				
400 15TH STREET, N.400 15TH STREET N., SUITE AST. PETERSBURG FL 33705ST. PETERSBURG FL 33705US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					<u>11/01/1979</u>		
2. Principal Pl	lace of Business	2a. 26	Mailing Address		4. FEI Number 59-1946228		oplied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State	e	27	City & State		6, Election Campaign Financing		equired Mav Be
3	Count	28	Zip	Country	Trust Fund Contribution	Added Added	to Fees
Zip L		ellas 29	zip	30 Pinellas	 This corporation owes or has p Personal Property Tax due Jun 		No No
		ess of Current Regist	ered Agent	81 Name	10. Name and Address of New F	Registered Agent	
	ker, Donald J.) 15th stret Nor1	н			ress (P.O. Box Number is Not Accepta	able)	
400				Opect Add			
SU	ITE A						
SU	ite a . Petersburg FL 3	3705		83			
SUI ST.	PETERSBURG FL 3		07. 1508, Florida Statut	84 City	poration submits this statement for the		Code ts registered
SUI ST. Office or rr agent. I ar SIGNATURE	to the provisions of Sec egistered agent, or boti magniture with, and acc signature, typed or pylot for	tions 607.0502 and 60 n, in the State of Floridu the obligations of, the of registered agent and tale is	Donald rapplicable (NOT	84 City tes, the above-named corp authorized by the corpora orida Statutes. J-Baker TE: Registered Agent signature requi		Purpose of changing i ept the appointment as	ts registered registered
SUI ST. office or rr agent. I ar SIGNATURE	to the provisions of Sec egistered agent, or boti magniture with, and acc signature, typed or pylot for	tions 607.0502 and 60 a, in the State of Florid pent the obligations of	Donald rapplicable (NOT	84 City tes, the above-named corp authorized by the corpora orida Statutes. J. Baker		Purpose of changing i ept the appointment as	ts registered registered
SUI ST. 1. Pursuant I office or rr agent. I au SIGNATURE 2. ITLE	to the provisions of Sec egistered agent, or both m lavelliar with, and acc Signature. typed or pplied response PD KILLINEN, JOHN	tions 607.0502 and 60 n, in the State of Ford the obligations of o of registered agent and site i OFFICERS AND DIREC R.	TORS	84 City authorized by the corpora orida Statutes. J. Baker TE: Registered Agent signature requi	red when reinstating)	PL purpose of changing i ept the appointment as	ts registered registered
SUI ST. 1. Pursuant I office or m agent. I au SIGNATURE 2. ITLE AME TREET ADDRESS	to the provisions of Sec egistered agent, or both m lavelliar with, and acc Signature. typed or pplied response PD KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Ford the obligations of o of registered agent and title i OFFICERS AND DIREC R. RTH	TORS	84 City authorized by the corporatorida Statutes. J. J. Bakes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	PL purpose of changing i ept the appointment as	ts registered registered
SUI ST. 1. Pursuant I office or r agent. 1 au siGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZP	to the provisions of Sec egistered agent, or both m lavelliar with, and acc Signature. typed or pplied response PD KILLINEN, JOHN	tions 607.0502 and 60 n, in the State of Ford the obligations of o of registered agent and title i OFFICERS AND DIREC R. RTH	TORS	84 City authorized by the corporation or ida Statutes. Image: Corporation of the corporation o	red when reinstating)	PL purpose of changing i ept the appointment as	ts registered registered
SUI ST. 1. Pursuant t office or r agent. 1 ar IGNATURE 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE MME	to the provisions of Sec egistered agent, or both m lavelliar with, and acc Signature. typed or put of your PD KILLINEN, JOHN 400 15TH ST NO. ST. PETERSBURG	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i DFFICERS AND DIREC R. RTH a FL R.	Donald rappicable (NOT TORS DELETE	84 City authorized by the corporation or a statutes. Image: Corporation of the corporation of	red when reinstating)	PL purpose of changing i ept the appointment as PATE DATE ICERS AND DIRECTOF Change	ts registered registered
SUI ST. ST. SIGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	to the provisions of Sec egistered agent, or both m lavelliar with, and acc Signature. typed or pplied report PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH	Donald fappilaabie (NOT TORS DELETE	84 City tes, the above-named corr authorized by the corporal orida Statutes. JBacker TBacker 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP	red when reinstating)	Purpose of changing i ept the appointment as <u>DATE</u> ICERS AND DIRECTOF Change	ts registered
SUI ST. ST. ST. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 3. SI	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH	Donald rappicable (NOT TORS DELETE	84 City tes, the above-named corr authorized by the corporal orida Statutes. JBaker TBaker 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)	PL purpose of changing i ept the appointment as PATE DATE ICERS AND DIRECTOF Change	ts registered registered
SUI ST. ST. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 3. SIGNAT	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH	Donald fappilaabie (NOT TORS DELETE	84 City tes, the above-named corr authorized by the corporal orida Statutes. JBacker TBacker 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP	red when reinstating)	Purpose of changing i ept the appointment as <u>DATE</u> ICERS AND DIRECTOF Change	ts registered
SUI ST. SIGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. TBase Corporation 1.1 112 1.2 1.3 1.4 1.2 1.3 1.4 1.2 2.1 1.4 2.1 2.1 2.1 2.1 2.1 2.3 3.5 2.4 0.1 3.1 1.1	red when reinstating)	Purpose of changing i ept the appointment as Purpose of changing i ept the appointment as Purpose of changence Change	ts registered
SUI ST. SIGNATURE SIGNATURE ITLE INTET ADDRESS SITY-ST-ZIP ITLE INTET ADDRESS SITY-ST-ZIP ITLE INTET ADDRESS SITY-ST-ZIP ITLE INTET ADDRESS SITY-ST-ZIP ITLE INTET ADDRESS SITY-ST-ZIP ITLE	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH	Donald fappilaabie (NOT TORS DELETE	84 City tes, the above-named corr authorized by the corporal orida Statutes. TBased Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	red when reinstating)	Purpose of changing i ept the appointment as <u>DATE</u> ICERS AND DIRECTOF Change	ts registered registered
SUI ST. SIGNATURE 2. SIGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. TBase Corporation 1.1 112 1.2 1.3 1.4 1.2 1.3 1.4 1.2 2.1 1.4 2.1 2.1 2.1 2.1 2.1 2.3 3.5 2.4 0.1 3.1 1.1	red when reinstating)	Purpose of changing i ept the appointment as Purpose of changing i ept the appointment as Purpose of changence Change	ts registered
SUI ST. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 3. SIGNATURE	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. T. Backer 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	red when reinstating)		ts registered
SUI ST. ST. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 3. SIGNAT	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. T. Based and the corporal orida Statutes. T. Bojistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating)	Purpose of changing i ept the appointment as Purpose of changing i ept the appointment as Purpose of changence Change	ts registered
SUI ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. T. Base Statutes T. Bojistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	red when reinstating) ADDITIONS/CHANGES TO OFF		ts registered
SUI ST. ST. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 2. SIGNATURE 3. SIGNAT	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. T. Bostered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating)		ts registered registered AS IN 12 Addition Addition Addition Addition
SUI ST. SIGNATURE SIGNATURE ITLE INTE INTE INTEST ADDRESS INTY-ST-ZIP ITLE INTEST ADDRESS INTY-ST-ZIP ITLE INTEST ADDRESS INTY-ST-ZIP ITLE INTE INTEST ADDRESS INTY-ST-ZIP ITLE INTE INTEST ADDRESS INTY-ST-ZIP ITLE INTEST ADDRESS INTY-ST-ZIP ITLE INTEST ADDRESS INTY-ST-ZIP ITLE	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corrauthorized by the corporation of a Statutes. J. J. Backsteiner J. Registered Agent signature requited 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFF		ts registered
SUI ST.	to the provisions of Sec egistered agent, or both m farefliar with, and acc Signature. typed or pyriod year PD KILLINEN, JOHN 400 15TH ST NO ST. PETERSBURG ST KILLINEN, JOHN 400 15TH ST NO	tions 607.0502 and 60 n, in the State of Florid the obligations of o of registered agent and title i PFFICERS AND DIREC R. RTH A FL R. RTH		84 City tes, the above-named corr authorized by the corporal orida Statutes. T. Backstone 1. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	red when reinstating) ADDITIONS/CHANGES TO OFF		ts registered registered AS IN 12 Addition Addition Addition Addition

е *С.