

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **691565** (6)  
1. Corporation Name  
**A. S. WEEKLEY JR., M.D., P.A.**

Principal Place of Business <b>C/O A.S. WEEKLEY, JR. 402 SOUTH ARMENIA TAMPA FL 33609-3314</b>	Mailing Address <b>C/O A.S. WEEKLEY, JR. 402 SOUTH ARMENIA TAMPA FL 33609-3314</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6914 East Fowler Avenue</b> Suite, Apt. #, etc 22 <b>Suite J</b> City & State 23 <b>Tampa, FL</b> Zip 24 <b>33617-1705</b>		2a. Mailing Address 26 <b>6914 East Fowler Avenue</b> Suite, Apt. #, etc 27 <b>Suite J</b> City & State 28 <b>Tampa, FL</b> Zip 29 <b>33617-1705</b>		3. Date Incorporated or Qualified <b>07/01/1981</b>	
Country 25 <b>Hillsborough</b>		Country 30 <b>Hillsborough</b>		4. FEI Number <b>59-2107495</b> Applied For Not Applicable	
3. Name and Address of Current Registered Agent <b>WEEKLEY, A.S., JR. 402 SOUTH ARMENIA TAMPA FL 33609</b>		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	

81 Name <b>***Changing address only</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>6914 East Fowler Avenue, Suite J</b>	
83	
84 City <b>Tampa,</b>	85 Zip Code <b>FL 33617</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<b>***Changing address only</b>
NAME	<b>WEEKLEY, A S JR</b>	1.2 NAME	
STREET ADDRESS	<b>402 SOUTH ARMENIA</b>	1.3 STREET ADDRESS	<b>6914 East Fowler Avenue, Suite J</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33617-1705</b>
TITLE	<b>T</b>	2.1 TITLE	<b>***Changing address only</b>
NAME	<b>WEEKLEY, A S JR</b>	2.2 NAME	
STREET ADDRESS	<b>402 SOUTH ARMENIA</b>	2.3 STREET ADDRESS	<b>6914 East Fowler Avenue, Suite J</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Tampa, FL 33617-1705</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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  June 9, 1998 813-988-1772

CR2E034 (10/97)