

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

FILED
Apr 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F12605 (4)
 1. Corporation Name
MARK S. STERN, M.D., P.A.



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|--|---|
| Principal Place of Business 214 SOUTH MOON AVE. BRANDON FL 33511 | Mailing Address 214 SOUTH MOON AVE. BRANDON FL 33511-5704 |
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|--|--|
| 3. Date Incorporated or Qualified 12/01/1980 | 3a. Date of Last Report 02/20/1996 |
| 4. FEI Number 59-2044404 | Applied For <input type="checkbox"/> Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 1614 CULBREATH ISLES DR Suite, Apt. #, etc. | 2a. Mailing Address 26 1614 CULBREATH ISLES DR Suite, Apt. #, etc. |
| 22 City & State 23 TAMPA, FL | 27 City & State 28 TAMPA, FL |
| 24 Zip 33629 | 25 Country USA |
| 29 Zip 33629 | 30 Country USA |

9. Name and Address of Current Registered Agent
HINES, JAMES P
315 HYDE PARK
TAMPA FL 33608

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 |

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: Mark S. Stern, M.D. Mark S. Stern, M.D. James P. Hines
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------------|---------------------------------|
| TITLE | ST | |
| NAME | STERN, ELLEN KAPLAN | |
| STREET ADDRESS | 1614 CULBREATH ISLES DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | PD | |
| NAME | STERN, MARK S | |
| STREET ADDRESS | 1614 CULBREATH ISLES DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 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 | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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: Mark S. Stern, M.D. Mark S. Stern, M.D. James P. Hines 813-287-1178
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)