

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006650 (2)**
1. Corporation Name
PENDULUM PRACTICE MANAGEMENT COMPANY

Principal Place of Business 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	Mailing Address 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2033 Main Street Suite, Apt. #, etc. 22 Suite 406 City & State 23 Sarasota, Florida Zip 24 34237 Country 25 U.S.A.		2a. Mailing Address 26 2033 Main Street Suite, Apt. #, etc. 27 Suite 406 City & State 28 Sarasota, Florida Zip 29 34237 Country 30 U.S.A.		3. Date Incorporated or Qualified 12/16/1997	
4. FEI Number 65-0798784		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DOLAN, WILLIAM W DUFFEY & DOLAN, P.A. 1800 SECOND STREET, SUITE 854 SARASOTA FL 34236				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BADERTSCHER, DOUGLAS P 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD BADERTSCHER, DOUGLAS P 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHANSON, BLAIR 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V JOHANSON, BLAIR 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KING, EDMUND C 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	CEO/S/T KING, EDMUND C 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DUFFEY, SAMUEL S 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	C/D DUFFEY, SAMUEL S 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'DONNELL, FRANCIS E JR 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	V NEEDHAM, JAMES 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROSEN, ROBERT S MD 1133 FOURTH STREET, SUITE 100 SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V SORENSEN, CHARLENE 2033 MAIN STREET, SUITE 406 SARASOTA FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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 registered 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 in an attachment with an address.

SIGNATURE:  **CHARLES M. DIERKER 4-23-98 (941) 917-0833**

CR2E034 (10/97)