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

Jul 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #

1. Corporation Name F98144 (1)WILLIAM H. WARRICK, III, M.D., P.A. Principal Place of Business Mailing Address % WILLIAM H WARRICK. III % WILLIAM H WARRICK. HI 420 SW 8TH STREET 420 SW 8TH STREET DO NOT WRITE IN THIS SPACE GAINESVILLE FL \$2601 GAINESVILLE FL 32601 3. Date Incorporated or Qualified 09/03/1982 2. Principal Place of Business 2a. Mailing Address Applied r 59-2228314 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Yes □ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WARRICK, WILLIAM H., III 420 SW 8TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 GAINESVILLE FL 32601 83 City 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 Accion 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Addition TITLE 1 1 TITLE Change WARRICK, DR MD H III NAME 1.2 NAME 420 S W 8TH ST 1.3 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 00000 1.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 altachment with an address

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