

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG -5 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G02674 (1) 1. Corporation Name RUFUS M. HOLLOWAY, JR., M.D., P.A.
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Principal Place of Business RUFUS M. HOLLOWAY, JR., M.D., PA 89 WEST COLUMBIA ORLANDO FL 32806 US	Mailing Address C/O RUFUS M. HOLLOWAY, JR. M.D., PA 89 WEST COLUMBIA ORLANDO FL 32806 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/01/1982	3a. Date of Last Report 05/09/1996
4. FEI Number 59-2230809	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARD, CRAIG B., ESQUIRE 16 SOUTH MAGNOLIA AVE. ORLANDO FL 32801	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, RUFUS M. JR.
STREET ADDRESS	89 WEST COLUMBIA
CITY-ST-ZIP	ORLANDO, FL 00000
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8000002262438
1.3 STREET ADDRESS	-08/08/97--01142--016
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ 7/29/97

CR2E034 (4/97)



99 West Columbia Street
Orlando, Florida 32806
407-849-9793
FAX 407-843-4383

16 July 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2nd notice


Dear Division:

Yesterday I received a 2nd notice for the corporate report filing of Rufus M. Holloway, Jr., M.D., P.A. Every year we file two reports; one for Rufus M. Holloway, Jr., M.D., P.A., and the other for Florida Ear Institute.

On 25 February 1997 I sent both reports and both checks for \$165.00. One check has cleared for Florida Ear Institute. The other check #8003 has not cleared. I am enclosing a copy of both the check that cleared and a copy of the report filed in a timely manner, along with another check in the amount of \$165.00, as I was told to do by someone in your department.

I would request that you accept the payment of \$165.00 and waive the late fees, as we did file it correctly, and it was apparently lost in Tallahassee. Thank you for your assistance in this matter, and should you have any questions or comments, please feel free to contact me.

Respectfully requested,


Robin Schulte
Administrator

enclosures

Rufus M. Holloway, Jr., M.D., P.A.
Ear, Nose and Throat Specialist
Cochlear Implant