

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 04 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H95562 (5)
 1. Corporation Name
 VIRGINIA A. SYPERDA, D.O., P.A.



Principal Place of Business
 % GLENN A. SYPERDA
 10402 OAKBROOK DRIVE
 TAMPA FL 33624

Mailing Address
 17046 DOLPHIN DR
 N. REDINGTON BEACH FL 33708
 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 02/01/1986

2. Principal Place of Business
 21 2519 McMullen Booth Rd
 Suite, Apt. #, etc. 22 510-287
 City & State 23 Clearwater FL
 Zip 24 33761 Country 25 US

2a. Mailing Address
 26 2519 McMullen Booth Rd
 Suite, Apt. #, etc. 27 510-287
 City & State 28 Clearwater FL
 Zip 29 33761 Country 30 US

A. FEI Number 38-2255952 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 SYPERDA, VIRGINIA A
 17046 DOLPHIN DR
 N. REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2519 McMullen Booth Rd #510-287
 83
 84 City Clearwater FL 85 Zip Code 33761

11. Pursuant to the provisions of sections 607.0002 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]* DATE 7-7-98

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SYPERDA, GLENN A.	
STREET ADDRESS	10402 OAKBROOK DRIVE,	
CITY-ST-ZIP	TAMPA FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SYPERDA, VIRGINIA A	
STREET ADDRESS	17046 DOLPHIN DR	
CITY-ST-ZIP	N. REDINGTON BEACH 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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2519 McMullen Booth Rd #510-287
1.4 CITY-ST-ZIP	Clearwater FL 33761
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2519 McMullen Booth Rd #510-287
2.4 CITY-ST-ZIP	Clearwater FL 33761
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002608347
5.3 STREET ADDRESS	-08/05/98--01082--043
5.4 CITY-ST-ZIP	***150.00
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 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; 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, in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 7-7-98

CR2E034 (5/98)

(2)

Dept. of State
Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

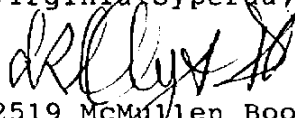
To whom it may concern:

I am enclosing the entire packet for Annual Report for Virginia A. Syperda, D.O., P.A. Notice that the address was my old one because I have moved. I hadn't received the first notice when the fee was \$150.00. I am hoping because the mail was not forwarded that I could waive the \$550.00 filing fee.

I have never had this problem before. I am enclosing a check for the original \$150.00.

Please call me at 813-392-4015 if you have any additional questions or need more information.

Virginia Syperda, D.O.


2519 McMullen Booth Rd.
#510-287
Clearwater, FL 33761-6174