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

Block 12 or Block 13 if changed, owen an attachment

Jun 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J61832 (8)HOWARD R. ACKERMAN JR., M.D., P.A. Principal Place of Business Mailing Address 1991 HYDE PARK 1991 HYDE PARK SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/13/1987</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2766890 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country $Z(\rho)$ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ACKERMAN, HOWARD R., JR. 1991 HYDE PARK Street Address (P.O. Box Number is Not Acceptable) 62 **SARASOTA FL 34239** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ACKERMAN, HOWARD R., JR. NAME 1.2 NAME 8735 MIDNIGHT PASS RD. STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-Z# 1.4 City-St-ZiP Change DELETE Addition TITLE 2.1 TiTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition THLE 3 1 1ITLE Change 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITL€ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 6.4 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 suppliemental 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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