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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K31509

(8)

GILMAN R. TYLER, JR., M.D., P.A.

FILED Mar 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	tress			i Jabilitik 200 mat stadt Eski dalia (en enen enen enen enen enen enen enen		
508 S. HABAN	ia ave.	508 S HABI	508 S HABANA AVE					
STE 360		SUITE 360				DO NOT WRITE IN THIS SPACE		
TAMPA FL 33609		TAMPA FL: US	TAMPA FL 33609			3. Date Incorporated or Qualified		
US		00				08/22/1988		l
9 Principal Pl	ace of Business	2a. Mailing	Address			4, FEI Number	1 1	Applied For
21 1 molpar 1	ace of Business	26	, Ida (Cab			59-2981743		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Additional
22		<u> </u>	27			5. Certificate of Status Desired	+	Required
City & State	<u> </u>	City & S	tate			8. Election Campaign Financing	\$5.0	O May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes or has paid the cu	rent year l	Intangible	
24	25	29	3	10		Personal Property Tax due June 30.	X Yes	□ No
	9. Name and Address of Curr	ent Registered Ag	ent			10. Name and Address of New Registered	Agent	
TYI	ER, GILMAN R. JR.			81	Name			
508 S. HABANA AVE., SUITE 360					Street Add	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609				82	O(IBBL AGC	diess (1.0. box Hambor is Hot / Gooptable)		
1701	III A 1 E 00000			83				
							les I 7	p Code
				84	City	FI	_ 85 Zi	b Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statules	s, the above	ı a-named coı	poration 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 air						uired when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PD		DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME	TYLER, GILMAN R., JR.			1.2 NAME				
STREET ADDRESS	508 S HABANA AVE STE 3	60		1.3 STREET	ADDRESS	·		
CITY-ST-ZIP	TAMPA FL			1.4 CITY- S	ST-ZIP			
TITLE			DELETE	2.1 TITLE			☐ Change	e 🔲 Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			1
CITY-ST-ZIP				2.4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	e 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	e
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	1	•		
CITY-ST-ZIP				4.4 CITY - S	-			
TITLE			DELETE	5.1 TITLE			Chang	e Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 City - 5	1			
TITLE			DELETE	6.1 TITLE	··		Chang	e Addition
NAME		•		62 NAME				
				6.3 STREET	ADDRESS			1
STREET ADDRESS								1
CITY - ST - ZIP				6.4 CITY-5	51-ZIP			

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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in