

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

DOCUMENT # K75876 (8)
1. Corporation Name
M.R., P.A.

Principal Place of Business Mailing Address
801 E DIXIE AV 104 801 E DIXIE AV 104
LEESBURG FL 34748-7600 LEESBURG FL 34748-7600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1989	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2943826	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	25	29	30	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GELFAND, PHILIP N M.D.
801 E. DIXIE AVENUE
SUITE 104
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name KELLER, CATHRINE E.
82 Street Address (P.O. Box Number is Not Acceptable)
801 E. DIXIE AVE #104
83
84 City LEESBURG FL 85 Zip Code 34748

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 *X Cathrine E. Keller* Cathrine E. Keller 3/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GELFAND, PHILIP N., M.D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 E. DIXIE AVE., #104	1.2 NAME	
STREET ADDRESS	LEESBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP KELLER, CATHRINE M <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 E. DIXIE AVE., #104	2.2 NAME	KELLER, CATHRINE E., M.D.
STREET ADDRESS	LEESBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP WOLLIN, ERNEST M.D. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 E. DIXIE AVE., #104	3.2 NAME	
STREET ADDRESS	LEESBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T LEVINE, MICHAEL S. M.D. <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 E. DIXIE AVE., #104	4.2 NAME	LEVINE, MICHAEL S. M.D.
STREET ADDRESS	LEESBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GURINSKY, JOSEPH S., M.D.
STREET ADDRESS		5.3 STREET ADDRESS	801 E. DIXIE AVE, #104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LEESBURG, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WEYN, DAVID C., M.D.
STREET ADDRESS		6.3 STREET ADDRESS	801 E. DIXIE AVE, #104
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LEESBURG, FL

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 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: *X Cathrine E. Keller* Cathrine E. Keller, M.D. 3/13/98 (352) 787-5858

CP2E034 (10/97)