FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L22062

1. Corporation Name
DOWNTOWN MEDICAL & DIAGNOSTIC CENTER

Principal Place of Business
400 6th STREET SOUTH
ST. PETERSBURG, FL 33701

Mailing Address
SAME

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 9/20 1995

2. Principal Place of Business
21 SAME as above
22 Suite, Apt. #, etc. "
23 City & State "
24 Zip "
25 Country

2a. Mailing Address
26 SAME as above
27 Suite, Apt. #, etc. SAME
28 City & State
29 Zip
30 Country

4. FEI Number 592969302 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Downtown Medical Diagnostic Center H. Brantley McNeel
400 6th ST SO
ST Petersburg fl 33701

10. Name and Address of New Registered Agent
81 Name: HB McNeel MD
82 Street Address (P.O. Box Number is Not Acceptable): 400 6TH ST SO
83 ST Petersburg fl
84 City: FL
85 Zip Code: 33701

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: [signature] 4/3/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
PRESIDENT/director H. Brantley McNeel, M.D. 400 6th Street South St. Petersburg, FL 33701	☐
Vice President Gregory W. Nestor, M.D. 400 6th Street South St. Petersburg, FL 33701	☐
	☐
	☐
	☐
	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐	☐
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐	☐
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐	☐
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐	☐
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐	☐
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐	☐

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 3/13/96 8138825948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(H. Brantley McNeel M.D. / Director)