FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33810

RUTH HANNO, M.D., P.A. Principal Place of Business Mailing Address % ALAN S. GASSMAN %-ALAN S. GASSMAN 13601 BRUCÈ B. DOWNS BLVD. SUITE 211 13601 BRUCE B. DOWNS BLVD. SUITE 211 **TAMPA FL 33613 TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/05/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2978687 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GASSMAN, ALAN S. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 83 **CLEARWATER FL 34616** City 85 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. 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 stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 11 TITLE ☐ Addition NAME HANNO, RUTH 1.2 NAME 13601 BRUCE B. DOWNS BLVD., STE. 211 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS. 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE ☐ Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RUTH HANNO, MD PA 0-18-99

(813)978~8888

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90023 002 ***150.00

CR2E034 (11/98)