SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 JUL 25 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015601 (6)**

1. Corporation Name
BRANDON MEDICAL PLAZA, INC.

Principal Place of Business	Mailing Address
3450 EAST FLETCHER AVENUE SUITE 130 TAMPA FL 33613	3450 EAST FLETCHER AVENUE SUITE 130 TAMPA FL 33613

3. Date Incorporated or Qualified: **03/02/1993**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3183949** ☐ 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

LOBEL, DOUGLAS J
3450 EAST FLETCHER AVENUE
SUITE 130
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 of new registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LOBEL, DOUGLAS J		12 NAME	300001904203
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130		13 STREET ADDRESS	07/25/96--01052--016
CITY-ST-ZIP	TAMPA FL 33613		14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	ST	☒ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	WITTNER, JONATHAN I		22 NAME	Delete - Wittner, Jon
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CANDULLO, SAMMIE ACREE		32 NAME	
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613		34 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME	LOWRY, Robert Paul		42 NAME	
STREET ADDRESS	21110 Biscayne Blvd. Ste 100		43 STREET ADDRESS	
CITY-ST-ZIP	Aventura, Fl. 33180		44 CITY-ST-ZIP	
TITLE	V	☐ DELETE	51 TITLE	☐ Change ☒ Addition
NAME	LOWRY, Robert Paul		52 NAME	
STREET ADDRESS	21110 Biscayne Blvd. Ste 100		53 STREET ADDRESS	
CITY-ST-ZIP	Aventura Fl 33180		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☒ Addition
NAME	LOWRY, Robert L.		62 NAME	
STREET ADDRESS	3450 East Fletcher Ave Ste 130		63 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL. 33613		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert P. Lowry 7/18/96 (305) 682-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #