FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

Amended Form
~~FILED~~
97 SEP 29 AM 9:13
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 33613-4603

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 07/25/1996

2. Principal Place of Business	2a. Mailing Address
21 1004 Washington Street	26 1004 WASHINGTON ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hollywood Fl.	28 City & State: Hollywood Fl
24 Zip: 33019 25 Country: USA	29 Zip: 33019 30 Country: USA

4. FEI Number: 59-3163949 ☐ 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: Robert P. Lowry
82 Street Address (P.O. Box Number is Not Acceptable): 1004 WASHington ST
83
84 City: Hollywood FL 85 Zip Code: 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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] Robert P. Lowry 8/25/97
Signature, type or printed name of 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 DIRECTIONS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOBEL, DOUGLAS J	1.2 NAME	300002309183--5
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130	1.3 STREET ADDRESS	-10/01/97--01098--015
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	ST ☐ DELETE	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	LOWRY, ROBERT P	2.2 NAME	Lowry, Robert P
STREET ADDRESS	21110 BISCAYNE BLVD., SUITE 100	2.3 STREET ADDRESS	1004 Washington ST
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	Hollywood Fl 33019
TITLE	V ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CANDULLO, SAMMIE A	3.2 NAME	
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	✓ ☒ Change ☐ Addition
NAME	LOWRY, ROBERT P	4.2 NAME	Lowry, Robert P.
STREET ADDRESS	21110 BISCAYNE BLVD., SUITE 100	4.3 STREET ADDRESS	1004 Washington ST
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	Hollywood Fl 33019
TITLE	V ☐ DELETE	5.1 TITLE	V ☒ Change ☐ Addition
NAME	LOWRY, ROBERT L	5.2 NAME	Lowry, Robert L.
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 130	5.3 STREET ADDRESS	457 South Parsons Ave STE 100
CITY-ST-ZIP	TAMPA FL 33613	5.4 CITY-ST-ZIP	Brandon Fl 33511
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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; 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 added by attachment with an address.

SIGNATURE: [signature] Robert P. Lowry Director / Treasurer (954) 920-7817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #