SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 **DIVISION OF CORPORATIONS DOCUMENT#** P93000032876 (3) 1. Corporation Name DAVID T. RÓWLANDS, JR., M.D., P.A. Principal Place of Business Mailing Address 13804 CYPRESS VILLAGE CIRCLE 13804 CYPRESS VILLAGE CIRCLE **TAMPA FL 33624** TAMPA FL 33624

26

27

28

Country

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jul 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/05/1993 4. FEI Number

59-3181674

47	[28]	30			1 erabilian repetity rax due bune 50.
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
PERSANTE, ROBERT 81					
	ALBINSON & PERSANTE, P.A.		82	Stroot Addr	race (P.O. Box Number is Not Assentable)
4625 EAST BAY DRIVE, STE. 223			82 Street Address (P.O. Box Number is Not Acceptable)		
	ARWATER FL 34624		83		
OLE	ANNAIEN FL 34024				
	•		84	City	Fi 85 Zip Code
11. Pursuant office or	t to t he pr ovisions of sections 607.0502 and 607.1508, Florid regist ere d agent, or both. In the State of Florida, Such chan	a Statutes, the oe was author	-above ized by	named corpo the corporati	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I s	am familiar with, and accept the obligations of, section 607.	0505, Florida S	Statutes	i.	on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable.			gent signature req	uired when reinelating) DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	,	LETE '	1 TITLE		Change Addition
NAME	ROWLANDS, DAVID T JR	1,	2 NAME	1	
STREET ADDRESS	13804 CYPRESS VILLAGE CIRCLE	1.	3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.	4 CITY-ST	.zip	
TITLE	DE	LETE 2	TITLE		Change Addition
NAME			2 NAME	ĺ	
STREET ADDRESS		2.	3 STREET	ADDRESS	
CITY-ST-ZIP		4	4 CITY-ST		
TITLE			1 TITLE	-2.17	Change Addition
NAME			2 NAME		Change Abouton
				ADDRESS	
STREET ADORESS	·				
CITY-ST-ZIP			4 CITY-S1	-ZIP	
TITLE	[∟DE	CL FL	TITLE		Change Addition
NAME			2 NAME		
STREET ADDRESS		4.3	3 STREET	ADDRESS	
CITY-ST-ZIP			4 CITY-ST	-ZIP	
TITLE	L DE	LETE 5.	1 TITLE		Change Addition
NAME		5.	2 NAME		
STREET ADDRESS		5.3	3 STREET	ADDRESS	
CITY-ST-ZIP		5.	4 CITY-ST	-ZIP	
TITLE	DE	LETE 6.	1 THTLE		Change Addition
NAME		6.3	2 NAME		• • • • • • • • • • • • • • • • • •
STREET ADDRESS	3 5	6.1	3 STREET	ADDRESS	
CITY-ST-ZIP	<u>*</u>	1	4 CiTY-ST	1	
	ertify that the information supplied with this filing does not qua				tion 119.07(3)(i), Florida Statutes, I further certify that the information
indicated o	on this annual report or supplemental annual report is true a	ind accurate at swered to exec	nd that	my signature	shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statules; and that my name appears

Country