FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043550 (1)

EDWARD BASS, M.D., P.A.

FILED Apr 02 1998 8:00am Secretary of State



								ELETE MADE L a e l	
Principal Place of Business Mailing Address						. 16011001 112 12152 11111 00111 22111 02111 01111 41900	***************************************	riose 4 0 (7 1 0 0)	
4728 N. HABA SUITE 301	INA AVE.	4728 N. HABANA AVE.							
TAMPA FL 33614		SUITE 301 TAMPA FL 33614				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
a Principal D	lace of Business	2a. Mailing Address				06/11/1993 4. FEI Number		Instinct Co.	
2. Principal P	lace of business	26. Walling Address				59-3186941		Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				SR 75 Additional			
22		27				Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	,			Trust Fund Contribution		d to Fees	
Ziρ	Country	Zip	Cou	intry		6. This corporation owes or has paid the curr	_ ′		
24	25 Name and Address of Currer	29 Apont	30	_		Personal Property Tax due June 30. 10. Name and Address of New Registered A		∐ No	
144		it trogistion of Agent		81	Name	10, 110110 0110 7100 01100 1103 1103 1103			
	rks, leonard h I e. Kennedy Blvd.				MA	MARKS LEONARD H. Gress (P.O. Box Number is Not Acceptable) 500 E KENNEDY BLVD			
	TE 1518			82 Street Addr 50		O E KENNEDY BLVD			
	MPA FL 33602			83		ITE 200			
				84	City		85 Zij	Code	
					TA	MPA FL		3602	
office or r agent 1 a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida Such change was a alions of, Section 607.0505, Fk	authorize orida Stat	d by tutes	the corporatio	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment a	as registered	
SIGNATURE	Signature, typed or printed name of registered age			d Age	nt signature required				
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change		
TITLE NAME	D BAGG EDWARD DO	☐ DELETE	1.1 TO				Unange	AGGROUI	
STREET ADDRESS	Bass, Edward Dr 4728 M/ Habana Ave. Suite	201		1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614	. 501	1.4 CI						
TITLE	114417472 00017			2.1 TITLE			Change	Addition	
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE		DELETE	3.1 Tí				☐ Change	Addition	
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. C		ST-ZIP		Change	Addition	
NAME		had been	4.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI		l				
TITLE		☐ DELETE	5.1 T				Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S1	TAEET	ADDRESS				
CITY-ST-ZIP			5.4 C		T-ZIP		— .		
TITLE		☐ DELETE	6.1 TI				Change	Addition	
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
017V 07 70	1		■ e 4 0	m, 0	* 11m				

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.

SIGNATURE: