## 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

## DOCUMENT # P93000079188 (7)

TIMOTHY M. MCRAE, M.D., P.A.

FILED Jun 02 1997 8:00am Secretary of State



SOUTH MOODY PROFESSIONAL CENTER INC SUITE 1 TAMPA FL 33609 US  2416 SUNSET DRIVE TAMPA FL 33629-5337  3. Date Incorporated or Qualified 1/06/1993 04/25/1998  2. Principal Piace of Business 26 Mailing Address 26 SANDPIPER 59-32 10499 Applied For Not Applied For Not Applicable Suite, Apt. #, etc.  25 Suite, Apt. #, etc.  26 Suite, Apt. #, etc.  27 City & State  City & State  28 TAMPA FL 33629-5337   5. Certificate of Status Desired Fee Required Fee Required  Trust Fund Contribution 55.00 May Be Added to Fees  Applied For Not Applicable 55.00 May Be Added to Fees  Country  Country  Country  Country  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Suite, Apt. #, etc.  Suite, Apt	Principal Place of Business Mailing Address		I HODILARI IND HONDO IHAN DONN DONA DONA BONA FORMA INHA INHAN ROYAL HONA		
TAMPA FL 33809   2					
Second Proposed Pack of Business   2a Mallyo percents   2a Mallyo percent   2a Mally					
11/06/1993	l .				<b>4</b> -2-2
Suite, Apt. 4, ck.  Suite,					
22   27   28   38   38   38   38   38   38   38	***************************************	2a. Mailing Address	0.0012.12	4. FEI Number	Applied For
22   27   28   38   38   38   38   38   38   38		26 78 SAN	upipek ki	P 59-3210499	Not Applicable
Coly & State   Coly		30/16, Apr. #, 6(6.	•		1 1 7
28				The optimisate of oracid position	Fee Required
20	——————————————————————————————————————		15	, , ,	
25   26   26   33   30   30   10   10   Name and Address of Current Registered Agent   10   Name and Address of New Registered   10   Name and	23	28 / / M///	The	<del>-</del>	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fronda Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 um to the provisions of Sections 607 0502 and 607 1508. Fronda Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 um to 1 up to 1 up 1 u	h	32409	TOURY IN		
COHN, VANESSA N ESQ 705 W. AZEELE STREET TAMPA FL 33606  11. Parsiant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered discretor to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered discretor transportation, and appearant subject of Fiorida. Statutes the above named corporation submits this statement for the purpose of changing its registered discretors. I hereby accept the appointment as registered special purpose of changing its registered discretors. I hereby accept the appointment as registered discretors. I hereby accept the appoin			0 1100		
TOS W. AZEELE STREET TAMPA FL 33808  88 Street Address (P.O. Box Number is Not Acceptable)  89 City  FL 80 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 agont. I am for install this many factors and scaper transpose of provide Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  CITY 51-79  MCRAE, TIMOTHY M.M.D.  21. SURSET DRIVE  13. STREET ADDRESS  23. SIRRET ADDRESS  23. SIRRET ADDRESS  23. SIRRET ADDRESS  23. SIRRET ADDRESS  CITY 51-79  TILE  DELETE  11. TILE  22. NAME  23. SIRRET ADDRESS  CITY 51-79  TILE  DELETE  41. TILL  27. TILL  28. STREET ADDRESS  CITY 51-79  TILL  DELETE  41. TILL  42. STREET ADDRESS  CITY 51-79  TILL  DELETE  41. TILL  42. AUM.  43. STREET ADDRESS  CITY 51-79  TILL  DELETE  41. TILL  42. AUM.  43. STREET ADDRESS  CITY 51-79  TILL  DELETE  41. TILL  CITY 51-79  TI	MINITED TRANSPORTED AND AND AND ADDRESS AN	tellt nedistelen wäellt	R1 Namo	10. Name and Address of New Heg	istered Agent
TAMPA FL 33808    Second Control   Secon			I I I I I I I I I I I I I I I I I I I		
STANTURE			82 Street Address (P.O. Box Number is Not Acceptable)		
THE PROPERTY OF THE PROPERTY O	TAMPA FL 33606		100		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registerad agent. I am funding the many decidence of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am funding the many decidence of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am funding the many decidence of Florida. Statutes Statutes.  SIGNATURE  Signification prints accept the appointment as registered agent agent and accept the appointment as registered. Statutes. I hereby accept the appointment as registered agent agent and accept the appointment as registered. Statutes. I hereby accept the appointment as registered agent and the provision of the provision agent and the provision of section 607.0506. Florida Statutes. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as regi			83		
11. Pursuant to the provisions of Socions 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I may be appointment as registered agent. I have a point agent as registered agent. I may be appointment as registered agent. I may be appointment as registered agent. I may be appointment as registered agent. I may be appointed agent a			84 City		85 Zip Code
SIGNATURE					
SIGNATURE	<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St.</li> </ol>	0502 and 607.1508, Florida Statutes ate of Florida, Such change was au	, the above-named corporation	oration submits this statement for the pu on's board of directors. I bereby accept	rpose of changing its registered
Solicit   Soli	agent. I am tamillar with, and accept the ob-	ligations of, Section 607.0505, Flori	da Statutes.	~ / .	are appointment as regionered
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				3/1/	97
THE		·			DATE
MCRAE, TIMOTHY M M.D.   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP				ADDITIONS/CHANGES TO OFFICE	
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TAMPA FL 33829	ALIA DIMINET DONE				
TILE	TAMPA PL ASSASS			•	
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A 4 C/TY-ST-ZIP			1		
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  1. do by why contributed the information propolities with this filling does not contribute a record in Section 310 07/9V/A Florido Cretator a fault to the transfer of the section of the	1		# 4 A D TV OT 710		

Lto 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 it am an officer or director of the corporation or the receiver of 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 anachment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Dawme Phone #