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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # P94000008517 (2)

1. Corporation Name

STEPHEN M. BUTLER, M.D., P.A.

Principal Place of Business	Mailing Address
1602 W. TIMBERLAND PLANT CITY FL 33567 US	1602 W. TIMBERLANE PLANT CITY FL 33567-5729 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/02/1994	02/19/1996

2. Principal Place of Business

| 21 | | **2a.** Mailing Address | 26 | | 4. FEI Number | 59-3231713 | | Applied For ☐
Not Applicable ☐ |

Suite, Apt #, etc.
22   1602 W. Timberlane Drive

Suite, Apt #, etc.
27   1602 W. Timberlane Drive

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   **☒** Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, STEPHEN M
1602 W TIMBERLANE DRIVE
PLANT CITY FL 33567

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 name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**BUTLER, STEPHEN M**		1.2 NAME	
STREET ADDRESS	**1602 W TIMBERLANE DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**PLANT CITY FL**		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

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 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: ✓ _____   ✓ 2/20/97   (813) 751-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #