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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the informainformation indicated on the annu-I am an officer or director of the co

appears in Block 12 or 8

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400063852 (5)

PHILIP M. LASCELLE, M.D., P.A.

2020 \$ TAMIAMI TRAIL \$ARASOTA FL 34239 3. Date Incorporated or Qualified 08/30/1994 2. Principal Place of Business 26			** / *** / *** * * * * * * * * * * * *	**************************************				
SARSOTA FL 94299 SARSOTA FL 94299-9001 S. Dule Incorporated or Qualified Sal. Date of Loss Report 08/30/16994 02/12/19998 S. Dule Incorporated or Qualified Sal. Date of Loss Report 08/30/16994 02/12/19998 S. Dule Incorporated or Qualified Sal. Date of Loss Report 08/30/16994 S. Dule Incorporated or Qualified Sal. Date of Loss Report 08/30/16994 S. Dule Incorporated or Qualified Sal. Date of Loss Report Sal. Sal. Dat	•						enin alian kist inini ali	
Provipus Place of Fuseures								
Substitution							3a. Date of Last I 02/12/1996	Report
Supplication Supp	2. Principal F	Nace of Business	†~ - ~1				 	
29	Suite, Apt	#, etc	· ·			5. Certificate of Status Desired	1 1	
April	City & Stat	е						
1.	Zip 24	25	29	·····	/		plangible tax under	***************************************
2020 S TAMIAM TRAIL SARASOTA FL 34239 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 0507 erios 607 1508. Florida Statutes, the above-named corposetion submits this statement for the purpose of changing its registered agent. It or internative with, and accept the calgoridant Scalables, the above-named corposetions board of directors. I hereby accept the appointment as registered agent. It or internative with, and accept three displacents of, Section 607 0505, Florida Statutes, the above-named corposetions board of directors. I hereby accept the appointment as registered agent. It or internative with, and accept three displacents of, Section 607 0505, Florida Statutes, the above-named corposetions board of directors. I hereby accept the appointment as registered agent. It or internative with, and accept three displacents of, Section 607 0505, Florida Statutes. SIGNAT URL 2. OFFICERS AND DIRECTORS		Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
SARASOTA FL 34239 80 City Page 80 City	LAS	CELLE, PHILIP M		81	Name			
Ball City FL	· ·			82	Street	Address (P.O. Box Number is Not Acceptab	ile)	1.u
The provisions of Sections (07 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia Statutes. SIGNATURE 12. OF FICH'S AND DIRECTORS	5. %			83		The second secon		
SIGNATURE					- 7		FL T	
NOTE	11. Pursuant office or r agent. La	to the provisions of Sections 607.050 registered agent, or both in the State on familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a pations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named y the cor s.	d corporation submits this statement for the proporation's board of directors. It hereby acceptions	urpose of changing of the appointment as	its registered s registered
NAME LASCELLE, PHILIP M MD DELETE 1.1 TITLE DELETE 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 1	SIGNATURE	September type a or printed name of registered ag	ort and title if applicable (NOTE	E: Registered Ag	ent signature	e required when reinstating)	DATE	
MANY STREEL ANDRESS CLTY-S1-2PC CLTY	12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
STREET ADDRESS SARASOTA FL 34239 1.3 STREET ADDRESS 1.4 CITY-ST-2IP Change Addition	10116	P	DELETE	1.1 TITLE			☐ Change	Addition
The color of the	NAM!			1.2 NAME				
THE	STREET ADDRESS			1.3 STREE	ADDRESS			
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2 4 CITY - ST - ZIP	NAME			2.2 NAME				
TITLE	SPREET ADDRESS			23 STREET	ADDRESS	•		
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					ADDRESS			

blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that or the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(941)366-3663