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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018193 (9)

BLADDER CONTROL CENTERS OF FLORIDA, INC.

100 WEST GORE ST. SUITE 405 ORLANDO FL 32898- 32806					100 WEST GORE ST. SUITE 406 ORLANDO FL 32858 3280				6			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1995								
2. Principal Place of Business					2a. Mailing Address							4. FEI Number							-4	plied For
Suite, Apt. #, etc.					Suite, Apt. #, etc.							<u>59-3</u>	<u>13942</u>	21				40		Applicable
22					27						5. (Certifica	te of Sta	atus D	esired		\supset		_	quired
City & State					City & State						6. [Election	Campa	ign Fi	nancing			\$5	.00	May Be
23					28							Trust Fu	nd Cont	tributio	on	<u></u>				Fees
Zip	Country				Zip 32806 20 Co				1			8. This corporation owes or has paid the current year Intangible								
24 328	25 25 25 25 25 25 25 25					128						Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent								
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HUNTER, PATRICK T II 100 W. GORE ST.																				
SUITE 405						82 Stree					Address (P.O. Box Number is Not Acceptable)									
ORLANDO FL 32858-						83														
]			B4 City										85	Zin C	ode					
<u> </u>					_				L	——————————————————————————————————————							FL	_ " _	32	806
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, types	d or print	ed name of registered a	gent and	the it app	olic alple	(NOTE: Re	egistered Age	ent	signature o	equired when n	einstating)					DATE			
12.	-		OFFICERS A	ND DIR	RECTO			13.	_		Al	OITIGO	IS/CHA	NGES	TO OF	FICEF	RS AND			
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indicated	on this annu	ual rer	rmation supplied bort or supplement poration or the re nged, or on an	ital ann	ual rer	oort is true án	d áccura	ite and th	at	my sian	ature shall	have th	e same ir 607, F	legal	effect a	as if m	ade ur	ider oat	h: tha	t Iam an