FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030893 (8)

1. Corporation Name
THE ROGERS' CLINIC, INC.

Principal Place of Business
~~7626 - 4TH AVE. WEST~~
~~BRADENTON FL 34209~~

Mailing Address
~~7626 - 4TH AVE. WEST~~
~~BRADENTON FL 34209~~

3. Date Incorporated or Qualified: 04/11/1995
3a. Date of Last Report

4. FEI Number: 65-0579437 — Applied For / Not Applicable

2. Principal Place of Business
THE ROGERS' CLINIC, INC.
3645 Cortez Rd. West, Suite 130
Bradenton, Florida 34210
941-739-2210
Country: MANATEE

2a. Mailing Address
THE ROGERS' CLINIC, INC.
3645 Cortez Rd. West, Suite 130
Bradenton, Florida 34210
941-739-2210
Country: MANATEE

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
~~ROGERS, CHARLES A~~
~~7626 - 4TH AVE. WEST~~
~~BRADENTON FL 34209~~

10. Name and Address of New Registered Agent
Name: ROGERS, CHARLES A., SR.
Street Address (P. O. Box Number is Not Acceptable): THE ROGERS' CLINIC, INC
3645 CORTEZ RD W., SUITE 130
City: BRADENTON FL Zip Code: 34210

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] Same / Trea — Date: 3. April. 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	D/V/S/T	[X] Change [ ] Addition
NAME	ROGERS, CHARLES A		1.2 NAME		
STREET ADDRESS	7626 - 4TH AVE. WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2.1 TITLE	P/D	[X] Change [ ] Addition
NAME	ROGERS, RUTH O		2.2 NAME		
STREET ADDRESS	7626 - 4TH AVE. WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209		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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 3. April 96 — 941-739-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)