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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055735 (1)

1. Corporation Name

GEORGE T. ABERNATHY, M.D., P.A.

Principal Place of Business

39 RIVERVIEW ST
FRANKLIN NC 28734
US

Mailing Address

16644 VALLEY DR
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

59-3337863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

P.O. Box 189

City & State

Englewood, FL.

Zip

34295

Country

U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 189

City & State

Englewood, FL.

Zip

34295

Country

U.S.A.

9. Name and Address of Current Registered Agent

BEARD, ROBERT G JR CPA
16644 VALLEY DRIVE
SUITE 111
TAMPA FL 33618

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: Type or print the name of the registered agent and filer, as applicable.

(NOTE: Registered Agent's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
ABERNATHY, GEORGE T

STREET ADDRESS
39 RIVERVIEW ST

CITY-ST-ZIP
FRANKLIN NC

☐ DELETE

TITLE

NAME
DS
BEARD, ROBERT G JR CPA

STREET ADDRESS
16644 VALLEY DRIVE

CITY-ST-ZIP
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☒ Addition

☐ Change

☐ Addition

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☐ Addition

14. I 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 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: *George T. Abernathy* 4/21/98 941/473-1743

CR2E034 (10/97)