

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90006 047 ***550.00

DOCUMENT # **P95000062078**

Corporation Name

JOSEPH C. CORCORAN, D.O., P.A.



Principal Place of Business
5741 BEE RIDGE ROAD
390
SARASOTA FL 34239
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CORCORAN, JOSEPH C
5741 BEE RIDGE ROAD, 390
SARASOTA FL 34239

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

OFFICERS AND DIRECTORS

| | | |
|-------|--------------------------------|---------------------------------|
| 1. E | PVPT | <input type="checkbox"/> DELETE |
| 2. E | CORCORAN, JOSEPH C D.O. | |
| 3. E | 1991 HYDE PARK STREET, SUITE 2 | |
| 4. E | SARASOTA FL 34239 | |
| 5. E | D | <input type="checkbox"/> DELETE |
| 6. E | CARMEN, PERNA | |
| 7. E | 6535 GOLDFIACH ST | |
| 8. E | SARASOTA FL 34241 | |
| 9. E | | <input type="checkbox"/> DELETE |
| 10. E | | |
| 11. E | | <input type="checkbox"/> DELETE |
| 12. E | | |
| 13. E | | <input type="checkbox"/> DELETE |
| 14. E | | |
| 15. E | | <input type="checkbox"/> DELETE |
| 16. E | | |
| 17. E | | <input type="checkbox"/> DELETE |
| 18. E | | |
| 19. E | | <input type="checkbox"/> DELETE |
| 20. E | | |

13.

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PVPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CORCORAN, JOSEPH C D.O. | |
| 1.3 STREET ADDRESS | 5741 Bee Ridge Rd Ste 390 | |
| 1.4 CITY-ST-ZIP | Sarasota FL 34239 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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:

SIGNATURE REQUIRED

7/5/99

Date

Daytime Phone #

CR2E034 (5/99)