FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000096489 (6) HERNANDO IPA, INC. Principal Place of Business Mailing Address 750 W. DESOTO AVE. 750 W. DESOTO AVE. **BROOKSVILLE FL 34601 BROOKSVILLE FL 34801** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3424287 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RUGG, JOSEPH W 201 N. FRANKLIN ST. Street Address (P.O. Box Number is Not Acceptable) **SUITE 2100** 83 **TAMPA FL 33602** 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change RAJU, B.R. M.D. 1.2 NAME 750 W. DESOTO AVE. 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34801** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZW 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NALIF

May 12 1998 8:00am Secretary of State



Applied For

Not Applicable

Addition

Addition

Addition

Addition

Addition

Change

5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

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, dr on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CATY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADORESS

DELETE

DELETE