


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90038 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000003933					
1. Corporation Name CARROLLWOOD PROFESSIONAL CENTER, INC.					
Principal Place of Business 9261 LAZY LANE TAMPA FL 33614			Mailing Address 9261 LAZY LANE TAMPA FL 33614		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3202258	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes the current year Intangible Personal Property Tax.	Yes No
25	Country	30	Country		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
REIBER, SAM I 601 EAST TWIGGS STREET SUITE 200 TAMPA FL 33602			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PVST	DELETE			
NAME	TRZCINSKI, RICHARD				
STREET ADDRESS	9261 LAZY LANE				
CITY-ST-ZIP	TAMPA FL 33614				
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		Change Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		Change Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		Change Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		Change Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		Change Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		Change Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

3/15/99

Date

Daytime Phone #

813-933-0629

CR2E034 (1/98)

039181