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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Landra S. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600021302

Maturity Medical of Pinellas, P.A.

Principal Place of Business
6800 Gulfport Blvd. #213
S. Pasadena, FL. 33707



1. Principal Place of Business
21 6800 Gulfport Blvd.
22 Suite 213
23 S. Pasadena, FL
24 33707

3. Date Incorporated or Qualified 4/96
3a. Date of Last Report N/A
4. FEI Number 59-3367370
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
RESIDENT AGENT OF PINELLAS
Battaglia, Ross, Dicus & Wein, P.A.
980 TYRONE BLVD
P.O. Box 41100
33710
St. Petersburg, FL. 33743-1100

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1005, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 607.005, Florida Statutes.

SIGNATURE: [Signature] N/A 4/30/97
12. Signature, typed or printed name of registered agent and title if applicable. (13) Registered Agent signature required when reappointing. EX11

12 OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Oswald A. Williams, M.D.	412 6th Ave. N.	Tierra Verde, FL. 33715	

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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] SIGNATURE REQUIRED 4-29-97 813-347-0686

CR2E034 (9/96)