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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90188 035 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000059274

1. Corporation Name

LOUISE TEMPLEMAN, M.D., P.A.



Principal Place of Business  
1259 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689

Mailing Address  
1259 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

|   |  |                            |  |  |  |
|---|--|----------------------------|--|--|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address        |  | 3. Date Incorporated or Qualified  |  |
| 21 2114 Seven Springs Blvd  |  | 26 2114 Seven Springs Blvd |  | 07/15/1996   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.        |  | 4. FEI Number  |  |
| 22 Suite 100  |  | 27 Suite 100               |  | 59-3389442   |  |
| City & State  |  | City & State               |  | 5. Certificate of Status Desired   |  |
| 23 New Port Richey FL   |  | 28 New Port Richey FL      |  | <input type="checkbox"/> \$8.75 Additional Fee Required                          |  |
| Zip   |  | Zip                        |  | 6. Election Campaign Financing   |  |
| 24 34655  |  | 29 34655                   |  | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees     |  |
| Country   |  | Country                    |  | 8. This corporation owes the current year Intangible Personal Property Tax.      |  |
| 25 PASCO  |  | 30 PASCO                   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  |
| 9. Name and Address of Current Registered Agent   |  |                            |  | 10. Name and Address of New Registered Agent                                     |  |
| TEMPLEMAN, LOUISE MD.<br>1259 SOUTH PINELLAS AVE.<br>SUITE 300<br>TARPON SPRINGS FL 34689 |  |                            |  | 81 Name<br>Louise Templeman MD   |  |
|   |  |                            |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>2114 Seven Springs Blvd |  |
|   |  |                            |  | 83 Suite 100   |  |
|   |  |                            |  | 84 City<br>New Port Richey   |  |
|   |  |                            |  | 85 Zip Code<br>FL 34655  |  |

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.

(NONE) Registered Agent signature required when reinstating.

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |
|----------------------------|--------------------------|---|--------------------------|
| TITLE                      | PD                       | 1.1 TITLE   | Templeman, Louise M.D.   |
| NAME                       | TEMPLEMAN, LOUISE M.D.   | 1.2 NAME  | 2114 Seven Springs Blvd  |
| STREET ADDRESS             | 1259 SOUTH PINELLAS AVE. | 1.3 STREET ADDRESS                                    | New Port Richey FL 34655 |
| CITY-ST-ZIP                | TARPON SPRINGS FL        | 1.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 2.1 TITLE   |                          |
| NAME                       |                          | 2.2 NAME  |                          |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 3.1 TITLE   |                          |
| NAME                       |                          | 3.2 NAME  |                          |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 4.1 TITLE   |                          |
| NAME                       |                          | 4.2 NAME  |                          |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 5.1 TITLE   |                          |
| NAME                       |                          | 5.2 NAME  |                          |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 6.1 TITLE   |                          |
| NAME                       |                          | 6.2 NAME  |                          |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                          |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-99 (127) 376-7000

CR2E034 (11/98)

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