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

PROFIT
CORPORATION
ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700000825 (4)

9. Name and Address of Current Registered Agent

DONALD R. TAYLOR, JR., M.D., P.A.

Princi	pal Place of Business	Mailing Address					
3450 E. FLETCHER AVENUE SUITE 100 TAMPA FL 33613		3450 E. FLETCHER SUITE 100 TAMPA FL 33613	AVENUE	3. Date Incorporated or Qualified			
2. Pri	incipal Place of Business	2a. Mailing Address		01/01/1997 4. FEI Number 59-3417276	Applied For Not Applicable		
	ite, Apt. #, etc.	Suite, Apt. #, etc).	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Cit 23	ty & State	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible		

SAXON, BERNICE S ESQ ONE BARNETT PLAZA, STE 3200 101 EAST KENNEDY BLVD TAMPA FL 33602

,	ai ili y	8. This corporation owes or has paid the current year Intangible
		Personal Property Tax due June 30. Yes No
	T	10. Name and Address of New Registered Agent
	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL 85 Zip Code

FILED

May 11 1998 8:00am

Secretary of State

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 horeby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typind or preded name of registered agrice and title	dappicable (NOI	(: Registered Agent signature require	od when reinstating)	DATE	
12.	OFFICERS AND DIREC		13.		OFFICERS AND DIRECTOR	RS IN 12
TITLE	PSTD	☐ DELET E	1.1 TITLE		Change	Additio
NAME	TAYLOR, DONALD R JR, MD		1.2 NAME			
STREET ADDRESS	4813 LONDONDERRY DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
ritle		DELETE	3 1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP			
TITLE		☐ DELETE	4.1 THTLE		☐ Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP	····		
TITLE		☐ DELETE	51 TILLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C/TY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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.