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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000012480 (4)

THE DOCTORS OF MANATEE, P.A.

FILED Apr 09 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address				L IDDANDOL NIU TOLIN IBBAR ODINI ODAIR BORRA DUNGK ALDAU NIUK DARDA NORIA QBIA ADDI		
5404 60TH STREET EAST 5404 60TH STREET EAST						
BRADENTON		BRADENTON FL 34208				
						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
		· •				02/05/1997
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				05 - 07 4 13 7 5 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	Zip	Cou	intry		
24	25	├ ┐ '	30	ai nir y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24]	g. Name and Address of Curren	29 It Registered Apent	[30]	<u> </u>		10. Name and Address of New Registered Agent
11/				81	Name	10, traine and trained at the traine
	COBS, RICHARD O			Щ		
	77 FEATHER SOUND DRIVE		82 Street Add			dress (P.O. Box Number is Not Acceptable)
	ITE 300			83		
CLI	EARWATER FL 34208					
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statut	es. the el	bove-	named cor	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorize	d by t	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	in familiar with, and accept the obliga	ations of, section bortoods, Fit	Jilua Stat	เนเยธ		
SIGNATURE	Stgnature, typed or printed name of registered age	int and bille if applicable (NOT	E: Registere	d Agent	I signature requ	uired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 Tr	TLE	اما	AFARE I CALZADILLA, MD Change Addition
NAME			1.2 NAME			2523 89 TH ST NW
STREET ADDRESS			1.3 STREE		DDRESS	100 to 5 211 00
CITY-ST-ZIP			1.4 0	ITY-ST-	· ZIP K	BRIGENTON, FL 34209
TITLE		☐ DELETE	2.1 TI	TLE	l v	CONTRACT Change Addition
NAME			2.2 N	AME	6~	α
STREET ADDRESS			2.3 S1	TREET A	Doress	404 60 TH ST E
CITY-ST-Z#P			2.40	ITY-ST	-ZIP	BRADENTON, FL 34203
TITLE		☐ DELETÉ	3.1 TI	TLE	1	Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$1	TREET A	DDRESS	
CITY-ST-ZIP			3.4. CITY -		- ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 \$1	TREET A	DDRESS	
CITY-ST-ZIP		······································	4.4 CITY-S		- ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$1	TREET A	DDRESS	
CITY-S1-ZIP			5.4 CITY+ST		ZIP	
TITLE		☐ DELETE	6.1 TO			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$1	TREET A	DDRESS	
CITY-ST-ZIP			6.4 CI	ITY-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 suppliemental 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:

8Ploi16