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**

P97000013311 (0) DOCUMENT #

PHYSICIAN MSO, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1604001 118 16111 16811 8011 8011 8011		
13601 BRUCE B DOWNS BLVD. STE 121 13601 BRUCE B DOWNS BLVD. STE 1				121	İ		
TAMPA FL 33613 TAMPA FL 33613				DO NOT WRITE IN THIS SPACE		IN THIS PRACE	
					3. Date Incorporated or Qualified	IN THIS SPACE	
					02/06/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 14499	IN. DALE MABRY 26 14499 N. DALE		UE MI	4884	59-3431165	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		<u> </u>		\$8.75 Additional	
22 230					5. Certificate of Status Desired	Fee Required	
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 TAM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28 1747-14 15	,		Trust Fund Contribution	Added to Fees	
Zip 336	Country USA	Zip 33618	Countr 30	ŠA.	8. This corporation owes or has pa		
24	9. Name and Address of Curren		[30]		Personal Property Tax due June 10. Name and Address of New Re		
JACOBS, RICHARD O ESQ. 1057 FLATHER SQUIND DON'T STE COO.							
13577 FEATHER SOUND DRIVE STE 300					ter J. Birengra		
62 3((e)) A					ress (P.O. Box Number is Not Accepted	ry Suite 230	
			BS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	
			84	Chi		los Za Codo	
			64	City Tur	109	FL 85 33618	
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 r agent. I a	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	Ket O Bush	la				3/23/98	
				gent signature requi	red when reinstating)	DAIL	
12.	OFFICERS AND	DELETE	13. 1,1 TITLE	.	+cr J. Bitcharcas	Change Addition	
NAME		occit	1.2 NAME	1.7	or according affice	Change A Abouton	
STREET ADDRESS	f		•	T ADDRESS 14	ues operating office	sute 230	
CITY-ST-ZIP	i		1.4 CITY-	· · · · · · · · · · · · · · · · · · ·	4may R 33618		
TITLE		DELETE	2.1 TITLE	01-2# 1	3-11-	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	1		2.3 STREE	T ADDRESS		1	
CITY-ST-ZIP	2.41		2. 4 CITY	ST-ZIP			
TITLE		DELETE 31T				Change Addition	
NAME	321		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS		}	
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	S1-ZIP		☐ Change ☐ Addition	
NAME			5.2 NAME	1		T cusuale T vacation	
STREET ADDRESS			1	T ADDRESS		İ	
CITY-ST-ZIP			5.4 CITY-	ŀ			
TITLE	<u></u>	DELETE	6.1 TITLE	01729	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			6.2 NAME			- • -	
STREET ADDRESS	:			T ADDRESS		}	
CITY-ST-ZIP			6.4 CITY-				
	partifu that the information numbind wi	th this filing does not qualify to			Section 119 07/3Vi) Florida Statutos 1	further partifu that the information	

Increby 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 informatio 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 roceiver 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.

8/22/GE

812-963-0177