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 # P97000018908 (8)

BARBARA P. SRUR, M.D., P.A.

FILED Apr 29 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		•		0141 DB 114 OP111 BB194 (FB1	SI LAILE INLIE MAI	£1 1801 (89)
250 2ND ST E SUITE 4-G BRADENTON FL \$4208		250 2ND ST E SUITE 4-G BRADENTON FL 34208		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					02/28/1997			
2. Principal P 21 300	Place of Business Riverside Dr E	28. Mailing Address 26 300 Rive	rsideê	34	4. FEI Number	3672	. ———	oplied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Ste 270 27 Ste 270					5. Certificate of Status De		\$8.75 A	Additional
City & State City & State City & State City & State R R City & State			· PI	-	Election Campaign Fir Trust Fund Contributio		\$5.00 Added t	
Zip	Country	Zip	Country		8. This corporation owes			
24 342	1) 25 25	29 34208 30			Personal Property Tax			No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address o	f New Registered	Agent	
	ur, Barbara P M.D.		81 N	ame				
250 2ND ST E				treet Addres	ss (P.O. Box Number is Not	Acceptable)		
SUITE 4-G				300	Kiverside	pr. 2		
BR	ADENTON FL 34208		83	#	2700			
			84 C	Brad	lruton	FL	85 Zip (Code 5
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, typied or printed name of registered age		legistered Agent sig	gnature required		DATE TO CETIOEDO ANT	D DIDEOTOR	20.01.40
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 THILE		ADDITIONS/CHANGES	TO OFFICERS AND	Change	Addition
NAME	SRUR, BARBARA P M.D.		1.2 NAME	Ste	·			
STREET ADDRESS	250 2ND ST E SUITE 4-G		1.3 STREET ADD	RESS 27	00, 300 KI	rerside f	DY C	
CITY-ST-ZIP	BRADENTON FL 34208		1.4 CITY-ST-ZII	P 73	oo, 300 Riv Bradenton,	PZ 34	208	
TITLE		☐ DELET e	2.1 TITLE				Change	Addition
NAME			22 NAME					
STREET ADDRESS			23 STREET ADD	ress				·
CITY-ST-ZIP		☐ DELETE	2. 4 CITY - ST - Z	IP			Change	Addition
TITLE NAME		☐ percit	3.1 TITLE 3.2 NAME				LT CHANGE	L AUGILION
STREET ADDRESS			3.3 STREET ADD	RFCC				
City-St-24P			3.4. CITY-ST-ZI					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					I
STREET ADDRESS			4.3 STREET ADD	ress				
CITY-ST-ZIP			4.4 CITY - ST - ZII	Р				
TITLE		L.) DELETE	5.1 TITLE				L Change	☐ Addition
NAME ATATET ARRESON			5.2 NAME	2000				İ
STREET ADDRESS			5.3 STREET ADD					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZII 6.1 TITLE	<u> </u>	<u> </u>		Change	Addition
NAME			6.2 NAME	1				_
STREET ADDRESS			6.3 STREET ADD	RESS				}
CITY-ST-ZIP			6.4 CITY - ST - ZII					
14 hereby	partify that the information supplied w	with this filing does not qualify for t	he evernation	S at heteta	ection 119 07/3\(i) Floride (Statutes I further or	artily that the	information

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in section 119.07(5)(), Florida Statutes. Further certify that the information that 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 on the corporation on the corporation on the corporation of th