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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000060977

1. Corporation Name
BRUCE D. FAGEN, M.D., P.A.

Principal Place of Business
217 KATHERINE BLVD #2310
PALM HARBOR FL 34684

Mailing Address
217 KATHERINE BLVD #2310
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1997

4. FEI Number
59-3461748

Applied For
Not Applicable

2. Principal Place of Business
21 4877 Valley Field Dr.

2a. Mailing Address
26 4877 Valley Field Dr.

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State
23 Oldsmar, FL

City & State
28 Oldsmar, FL

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip
24 34677

Country
29 34677

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, J. PAUL
400 CLEVELAND STREET SUITE 800
CLEARWATER FL 34615

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FAGEN, BRUCE D
STREET ADDRESS 217 KATHERINE BLVD #2310
CITY-ST-ZIP PALM HARBOR FL 34684

1.1 TITLE PD
1.2 NAME Fagen, Bruce D
1.3 STREET ADDRESS 4877 Valley Field Dr.
1.4 CITY-ST-ZIP Oldsmar, FL 34677

TITLE S
NAME RAYMOND, J. PAUL
STREET ADDRESS 400 CLEVELAND STREET SUITE 800
CITY-ST-ZIP CLEARWATER FL 34615

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Fagen, M.D. Bruce Fagen

1/699 727-781-2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)