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 # P9700062191 (6)

FILED May 07 1998 8:00am Secretary of State

	RSITY FAMILY MEDICINE, IN				
Principal Place of Business		Mailing Address			1 (421)42) 116 1211 12211 22111 22111 22111 22111 23115 2115 2
5942 S4TH ST W #101 BRADENTON FL \$4210		5942 34TH ST W #101 Bradenton FL 34210			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/17/1997
2. Principal Place of Business		2a. Mailing Address			4. EEI Number 779153 Applied For Not Applicable
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.			
22		27			6. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible
24	25		10		Personal Property Tax due June 30. Yes No
	9, Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
	MSTRONG, ROBERT			1	
	IO 26TH ST W		82 Street Add 1.4 ∩ 1. N		dress (P.O. Box Number is Not Acceptable) Manatee Avenue West #300
DIV	ADENTON FL 34207		В		Manacce Avenue Nest #300
			<u> </u>		
			В	City B	radenton FL 85 Zip Code 34205
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			gent signature rei	quired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TOBIAS, GLENN T	PERFEC	1.2 NAME		- Crainge - Resident
STREET ADDRESS	5942 34TH ST W #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ROLLAND, STANLEY E		2.2 NAM8		
STREET ADDRESS	5942 34TH ST W #101		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210		2. 4 CITY - ST - ZIP		
TITLE			3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY		Change Laddition
NAME		F-1 OFFETE	4.1 TITLE 4.2 NAM	1	L Change L Addition
STREET ADDRESS				ET ADDRESS	
CITY-\$T-ZIP			4.4 CITY-		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	l l	
STREET ADDRESS			5.3 STREE	et address	
CITY-\$T-ZIP			5.4 CITY	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREE	et address	
CITY-ST-ZIP		N - FI	6.4 CITY-		0 0 140 077010 5 111 0
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exem	ption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 if changed, or on an attachment with an address

OLONIATURE

to 10000 and 1000

ulsolad

(941)-155-444