


FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000068643 (0)</b> 1. Corporation Name <b>BETH LIEBOWITZ, M.D., P.A.</b>			
Principal Place of Business <b>800 WATERLILY CT., N.E. ST. PETERSBURG FL 33703</b>		Mailing Address <b>800 WATERLILY CT., N.E. ST. PETERSBURG FL 33703</b>	
2. Principal Place of Business 21 <b>1685 Tamiami Trail</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1027 Francesca Ct</b> Suite, Apt. #, etc.	
22 City & State 23 <b>Murdoch Florida</b> Zip Country 24 <b>33948</b> 25 <b>U.S.A.</b>		27 City & State 28 <b>Punta Gorda Florida</b> Zip Country 29 <b>33950</b> 30 <b>U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>GASSMAN, ALAN S 1245 COURT ST., STE. 102 CLEARWATER FL 34618</b>			
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 <i>Beth</i> <i>hmo</i> <b>3-9-98</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIEBOWITZ, BETH 900 WATERLILY CT., N.E. ST. PETERSBURG FL 33703</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>1027 Francesca Ct Punta Gorda, Florida 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address. SIGNATURE: <i>Beth</i> <i>hmo</i> <b>3-9-98</b> <b>941</b> <b>7667666</b> Signature typed or printed name of signing officer or director Date Daytime Phone			

CR2E034 (10/97)