

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075253 (9)
1. Corporation Name

WOODS W. ROGERS, III, M.D., P.A.

Principal Place of Business

Mailing Address

4117 HENDERSON BLVD
TAMPA FL 33606 33629

4117 HENDERSON BLVD
TAMPA FL 33606 33629

FILED
Oct 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33629 25

29 33629 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3465085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

RUGG, JOSEPH W N
201 N FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

81 Name

82 ROGERS, WOODS W.
Street Address (P.O. Box Number is Not Acceptable)
824 S. EDISON

83

84 City TAMPA

85 FL Zip Code 33606

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

29 Sept 98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROGERS, WOODS W III
STREET ADDRESS 4117 HENDERSON BLVD
CITY-ST-ZIP TAMPA FL 33606

TITLE SECRETARY/TREASURER
NAME HUGH M. MARTIN
STREET ADDRESS 2919 SWANN AVE. SUITE 400
CITY-ST-ZIP TAMPA, FLORIDA 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, VP, D
1.2 NAME ROGERS, WOODS W. III
1.3 STREET ADDRESS 4117 HENDERSON BLVD.
1.4 CITY-ST-ZIP TAMPA, FLA, 33629

2.1 TITLE S/T
2.2 NAME MARTIN, HUGH M. JR
2.3 STREET ADDRESS 2919 SWANN AVE SUITE 400
2.4 CITY-ST-ZIP TAMPA, FLA 33609

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(l), 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: *[Signature]*

29 Sept 98 812-287-6625

CR2E034 (5/98)