FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014953

1. Corporation Name

DILLON & MCNULTY, MDS, P.A.

Principal Place of Business	Mailing Address
3000 MEDICAL PARK DRIVE SUITE 102 TAMPA FL 33613	3000 MEDICAL PARK DRIVE SUITE 102 TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/16/1998

		2a. Mailing Address		4. FEI Number *59-3511248*	Applied For
2. Principal Place of Business	21		26		Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name *RICHARD S. DILLON* 82 Street Address (P.O. Box Number is Not Acceptable) *3000 MEDICAL PARK DR #102* 83 84 City *TAMPA* FL 85 Zip Code *33613*

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 *Richard Dillon*   *1-23-99*
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 PTD NAME DILLON, RICHARD S M.D. STREET ADDRESS 3000 MEDICAL PARK DRIVE, SUITE 102 CITY-ST-ZIP TAMPA FL 33613	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME MCNULTU, BRIAN M M.D. STREET ADDRESS 3000 MEDICAL PARK DRIVE, SUITE 102 CITY-ST-ZIP TAMPA FL 33613	☐ DELETE	2.1 TITLE *VSD* 2.2 NAME *McNULTY, BRIAN M., MD* 2.3 STREET ADDRESS *3000 MEDICAL PARK DR, SUITE 102* 2.4 CITY-ST-ZIP *TAMPA, FL 33613*	☑Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: *Richard Dillon*   *1-23-99*   *(813) 972-9300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #