


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90002 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000052007 ✓
1. Corporation Name
WILLIAM A. CAPO M.D., P.A.

Principal Place of Business 5615 GLENCREST BLVD. TAMPA FL 33625	Mailing Address 5615 GLENCREST BLVD. TAMPA FL 33625
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2. Principal Place of Business 6101 WEBB ROAD Suite, Apt. #, etc. SUITE #202 City & State TAMPA, FLORIDA Zip 33615 Country 25		2a. Mailing Address 6101 WEBB ROAD Suite, Apt. #, etc. SUITE #202 City & State TAMPA, FLORIDA Zip 33615 Country 30	3. Date Incorporated or Qualified 06/10/1998	4. FEI Number 59-3515406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent LEWIS, NEIL F ESQ. 705 E. KENNEDY BLVD. TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name JOHN C. LANDOLF, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 3710 DE LEON STREET 83 84 City TAMPA FL 85 Zip Code 33609
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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 **JOHN C. LANDOLF** (NOTE: Registered Agent signature required when reinstating) DATE **7/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, WILLIAM A	1.2 NAME	
STREET ADDRESS	5615 GLENCREST BLVD.	1.3 STREET ADDRESS	6101 WEBB ROAD SUITE 202
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33615
TITLE	PVST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, WILLIAM A	2.2 NAME	
STREET ADDRESS	5615 GLENCREST BLVD.	2.3 STREET ADDRESS	6101 WEBB ROAD SUITE 202
CITY-ST-ZIP	TAMPA FL 33625	2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33615
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: **Alexis Capó** 7/9/99 (813) 888-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

588494-90002-28



John C. Landolfi, P.A.

CERTIFIED PUBLIC ACCOUNTANT.

3710 De Leon Street
Tampa, Florida 33609
(813) 877-4030
FAX (813) 877-3089

July 9, 1999

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: William A. Capo, M.D., P.A.
1999 Annual Report
Document #P98000052007

Gentlemen:

I am enclosing a check for \$150 to pay the 1999 annual report fee. My client is requesting that you consider the following facts and abate the additional \$400 due for late filing.

This is the initial annual report due from the entity. The taxpayer did not receive its first notice in the mail and therefore was unaware of this filing requirement until the second notice was sent. Also, there was a change of address which could explain not having received the initial notice.

Please abate the additional filing fees due to lack of knowledge of submitting its first annual report. Your consideration will be greatly appreciated.

Sincerely Yours,


John C. Landolfi, CPA