

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).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # S81064 (5)
 1. Corporation Name
 KATHLEEN MCCARTY, M.D., P.A.



Principal Place of Business Mailing Address
 5108 N HABANA AVE 5108 N HABANA AVE
 STE 2 STE 2
 TAMPA FL 33614 TAMPA FL 33614
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/18/1991

4. FEI Number
 59-3089545 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

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 25 29 30

9. Name and Address of Current Registered Agent
 PALMA, ANTHONY W
 390 N ORANGE AVE
 STE 1100
 ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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]* DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME MCCARTY, KATHLEEN

STREET ADDRESS 5108 NORTH HABANA AVENUE, #2

CITY-ST-ZIP TAMPA FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002609320
 -08/06/98--01053--008
 ***150.00

PE
 8.5

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]* KATHLEEN MCCARTY MD 7-28-98 813-871-6031

CR2E034 (5/98)

2

KATHLEEN MCCARTY, M.D., P.A.

5108 NORTH HABANA AVENUE
SUITE TWO
TAMPA, FLORIDA 33614

DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY
AND NEUROLOGY

TELEPHONE
(813) 872-6031

July 28, 1998

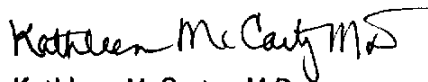
DIVISION OF CORPORATIONS
Annual Report Filings
P. O. Box 6327
Tallahassee, Florida 32314

RE: 1998 Filing Fee

I received the second notice without having ever received the first notice. I contacted your office today and was told to complete the form and pay the \$150.00 annual fee.

Thank you for your assistance in this matter.

Sincerely,



Kathleen McCarty, M.D.
FEI #: 59-3089545