PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation	N J. SZABO, M.D., P.A.						
Principal Place	e of Business	Mailing Address			# 100114 #1001 B1101 B1111 10010 10101 10101		811 919 11 1961
1502 WBUSCH	I BLVD.	1502 W. BUSCH BLVD.				•	
SUITE H SUITE		SUITE H	<u>-</u>		DO NOT WRITE IN THIS SPACE		
TAMPA FL 3361	2	TAMPA FL 33612	_			- ACE	
	·				3. Date Incorporated or Qualifed 06/28/1974	· · · · · ·	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	H	olied For
21		26			59-1938399		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27 City 9 State			A St. N. O. and St. St. St.		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country 25	Zip 29	Country 30	У	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current			_	10. Name and Address of New Registere	d Agent	
			81	1 Name			
	BO, STEPHEN J.		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	? W. Busch Blvd. Pa Fl 33612		83	3	<u> </u>		
				4 0"		. 85 Zip C	odo.
ı.	er		84	1 1	F	L	1
office or re agent. I a	to the provisions of <u>Sections</u> 607.056; egistered agent of both, in the State of m familiar with and accept the obligati	Florida, Such change was autions of Section 607,050s, Florida,	ithorized by ida Statute	y the corporati	on's board of directors. I hereby accept the app	pointment as reg	istered
SIGNATURE	Signature Typed or printed name of registered agent		5701	of the of the order	ed when reinstating) DATE	ξ τ σ	
SIGNATURE	100000	t and title if applicable. (NOTE: D DIRECTORS	Registered Age	ent signature require	514	AND DIRECTO	RS IN 12
	Signature Ayped or printel name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) DATE	ξ τ σ	
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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 eceiver 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90031 037 ***150.00