

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90242 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000082769

1. Corporation Name  
 DEDRA HERN, CRNA, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 315 CHIPPEWA AVE, TAMPA FL 33606, US  
 Mailing Address: 315 CHIPPEWA AVE, TAMPA FL 33606, US

3. Date Incorporated or Qualified: 11/24/1993  
 4. FEI Number: 59-3210287  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 3116 Harborview Ave., 22 Tampa, FL 33611, 24 33611  
 2a. Mailing Address: 26 3116 Harborview Ave., 27 Tampa, FL 33611, 29 33611

9. Name and Address of Current Registered Agent  
 HERN, DEDRA  
 315 CHIPPEWA AVE  
 TAMPA FL 33606

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 3116 Harborview Ave.  
 84 City: Tampa, 85 Zip Code: FL 33611

11. Pursuant to the provisions of Sections 607.0402 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: *Dedra Hern, President* DATE: 1/21/99

| 12. OFFICERS AND DIRECTORS        |                                 |
|-----------------------------------|---------------------------------|
| TITLE: P                          | <input type="checkbox"/> DELETE |
| NAME: HERN, DEDRA                 |                                 |
| STREET ADDRESS: 118 PALMETTO LANE |                                 |
| CITY-ST-ZIP: LARGO FL 34640       |                                 |
| TITLE:                            | <input type="checkbox"/> DELETE |
| NAME:                             |                                 |
| STREET ADDRESS:                   |                                 |
| CITY-ST-ZIP:                      |                                 |
| TITLE:                            | <input type="checkbox"/> DELETE |
| NAME:                             |                                 |
| STREET ADDRESS:                   |                                 |
| CITY-ST-ZIP:                      |                                 |
| TITLE:                            | <input type="checkbox"/> DELETE |
| NAME:                             |                                 |
| STREET ADDRESS:                   |                                 |
| CITY-ST-ZIP:                      |                                 |
| TITLE:                            | <input type="checkbox"/> DELETE |
| NAME:                             |                                 |
| STREET ADDRESS:                   |                                 |
| CITY-ST-ZIP:                      |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME:   |  |
| 1.3 STREET ADDRESS:                                   | 3116 Harborview Ave.   |
| 1.4 CITY-ST-ZIP:                                      | Tampa, FL 33611  |
| 2.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME:   |  |
| 2.3 STREET ADDRESS:                                   |  |
| 2.4 CITY-ST-ZIP:                                      |  |
| 3.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME:   |  |
| 3.3 STREET ADDRESS:                                   |  |
| 3.4 CITY-ST-ZIP:                                      |  |
| 4.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME:   |  |
| 4.3 STREET ADDRESS:                                   |  |
| 4.4 CITY-ST-ZIP:                                      |  |
| 5.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME:   |  |
| 5.3 STREET ADDRESS:                                   |  |
| 5.4 CITY-ST-ZIP:                                      |  |
| 6.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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)(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: *Dedra Hern, President* DATE: 1/21/99

CR2E034 (1/98)