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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023606

STREET ADDRESS

CITY-ST-ZIP

NORTHCLIFFE MEDICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address						- E IMBIIMBN IIM (BIIM BIIII	19)() 6 (()) O ()) O ()	1(800 11114 0)161 0	5f10 0111 1001
P.O. BOX 6536 P.O. BOX 6536									
SPRING HILL FL 34606 SPRING HILL FL 34606			34606	DO NOT WE			· MOITE IN THE		1
							WRITE IN THIS	SPACE	
						3. Date Incorporated or Qu 03/15/1996	amed		ļ
2 Deinainal O	Place of Business	2a. Mailing Addre	nee			4. FEI Number		Anr	lied For
─ ┐ .	lace of Busilless	<u> </u>	555			59-3365925		— — · ·	Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.					\$8.75 A	1.
22	н, ос.	27				5. Certificate of Status Desi	red 🗌	Fee Red	
City & State			City & State			6. Election Campaign Final	ncina —	\$5.00 1	May Be
23		28				Trust Fund Contribution	"cing	Added to	
Zip	Country	Zip	Cou	untry		8. This corporation owes th	e current year In	tangible	
24	25	29	30			Personal Property Tax.	<u> </u>		∐No
	9. Name and Address of Curre	nt Registered Agent	, , , , , , , , , , , , , , , , , , ,			10. Name and Address of	New Registered	Agent	
				81	Name				}
	LEP, TIMOTHY T D.C.	,		82	Street Addre	ess (P.O. Box Number is Not A	ccentable)		
	NORTHCLIFFE BLVD.				011001710010	1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- gar	4 2 4 <i>2</i>	granica ess
SPRING HILL FL 34606				83		47 27 3		用電腦網	馬翻鈴士
				84	City	1	25 (\$50,000 88)	85 Zip C	ode
		,			•		FL	• · · · ·	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florid	la Statutes, the a	bove	-named corpo	pration submits this statement f	or the purpose of	changing its r	egistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such chang ations of, Section 607.0	je was autnorize 505, Florida Stat	a by t tutes.	ine corporation	n's board of directors, i hereby	accept the appo	munem as reg	SIGIEG
SIGNATURE									, 1
SIGNATURE	Signature, typed or printed name of registered age				t signature required	when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDITIONS/CHANGES 1	O OFFICERS A		Addition
TITLE	P	[] DE				2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		☐ Change	☐ Addition
NAME	TERLEP, TIMOTHY T D.C.			IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	SPRING HILL FL 34606			TY-ST	-ZIP			Change	Addition
TITLE		□ DE						☐ Change	☐ Addition
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•			CITY+S	T-ZIP			Change	Addition)
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CITY-ST-ZIP	. /	□ DE	33.S 34.C ELETE 4.1T 4.2 <i>h</i>	STREET CITY-ST TILE NAME	T-ZIP	And Appendix		: Change	Addition
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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 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Timothy Terlep

1/18/99

352-683-7154 Daytime Phone #