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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000024647 (4) **DOCUMENT #**

I - CONCEPTS INC.

Mailing Address

## **FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business 2222 SOUTH TAMIAMI TRAIL #D 2222 SOUTH TAMIAMI TRAIL #D SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0744462 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FAIRMAN, PHILIP J ESQ 1001 NORTH WASHINGTON BLVD. #205 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11TITE President 1.2 NAME NAME Edward L. Feldman, M.D. R2E034 1.3 STREET ADDRESS STREET ADDRESS 2222 S. Tamiami Trail #D 1 4 CITY-ST-ZIP CITY-ST-ZIP FT. Sarasota. TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

6.4 CMY-ST-ZIP 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 histee empowered to execute this report as required by Chapter 607, 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 histee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 histee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this same legal effect as if made under oath; that I am an officer or director of the receiver or make the supplemental annual report of the receiver or make the 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 receiver or make the supplemental annual report of the receiver or make the supplemental annual report of the receiver or make the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the supplemental annual report is true.

5.2 NAME

6.1 TITLE

6,2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITI F NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

DELETE

Change

☐ Addition