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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

02-22-1999 90014 033 ***158.75

					
DOCUMENT # P9800009600					
LCM IMA	AGING, P.A.				
20111 1111	10.111 (d) 1 1 1 1				I KARULAAT IND TRIBUTORIA ABRIL ABRIL ABRIL ABRIL ABRIL ABRILA TARIA OSTIK TARIL ABRIL ABRIL ABRIL ABRIL ABRIL
Principal Place	of Business	Mailing Address			[1681) 581 til (8181 1811) 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111
3301 ALUMNI DRIVE 3301 ALUMNI DRIVE					
TAMPA FL 33612 TAMPA FL 33612					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/29/1998
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
24	acco of Business	26			59-3491669 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27				5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	ip Country		8. This corporation owes the current year Intangible
24	25 29 30		<u> </u>		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
REVI	ED DAVID A		l°	Ivanie	
BEYER, DAVID A C/O RUDNICK & WOLFE			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)
101 EAST KENNEDY BLVD SUITE 2000			8	3	
TAMPA FL 33602				~	·
-	7772 30002		8	4 City	FL 85 Zip Code
44 0	to the manufacture of Continue CO7 OF	02 and 607 1509 Florida Statutes	the abo	we-named co	exponentian submits this statement for the purpose of changing its registered
office or F	egistered agent or both, in the State	of Florida. Such change was auth	iorized D	by the corpora	stion's board of directors. I hereby accept the appointment as registered
•agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statute	es.	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	custered Ac	gent signature requ	uired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARRINGTON, JOHN A MD		1.2 NAMI	E	
STREET ADDRESS	COCA ALLIANII DDDG		1.3 STRE	EET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY	-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Murtagh, F. Reed MD	•	2.2 NAM	E	
STREET ADDRESS	3301 ALUMNI DRIVE		2.3 STRE	EET ADORESS	
CITY-ST-ZIP	TAMPA FL 33612		2.4 CITY		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILBIGER, MARTIN L MD		32 NAM	E	
STREET ADDRESS	3301 ALUMNI DRIVE			EET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	- Delete		'-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME		1	4, 2 NAW		
STREET ADDRESS		,	1	EET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE		☐ Change ☐ Addition :
TITLE			5.1 HILE 5.2 NAM		
NAME				EET ADDRESS	,
STREET ADDRESS			54 CITY	i	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAM	E	
STREET ADDRESS			6.3 STRE	EET ADDRESS	
GUNELI MODRESS	/		64 CITY	- ST- 7IP	

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 reserver trystee 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 attack prent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR