

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90021 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **V33954 OK**
1. Corporation Name

DAISY DEGANUZA, MD, PA

Principal Place of Business Mailing Address
**3820 NORTHADE BLVD. Suite 300B.
Tampa, FLORIDA. 33624**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. F.E.I. Number		Applied For
21		25		4		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax.		☐ Yes ☐ No
23		20				
Zip		Country				
24		25				
		29				
		30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		1.1 TITLE				☐ Change ☐ Addition	
NAME		1.2 NAME					
STREET ADDRESS		1.3 STREET ADDRESS					
CITY - ST - ZIP		1.4 CITY - ST - ZIP					
TITLE		2.1 TITLE				☐ Change ☐ Addition	
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY - ST - ZIP		2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE				☐ Change ☐ Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE				☐ Change ☐ Addition	
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE				☐ Change ☐ Addition	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE				☐ Change ☐ Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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 419.07(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:

DAISY DEGANUZA, MD, PA 4/28/99 (813) 968-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAISY DEGANUZA, MD, PA.

TAX ID# 59-3121531