

8171999-90011-006-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V49693

1. Corporation Name SHARON A. BELMAH, M.D., P.A.

Principal Place of Business 1821 WALDEMER ST SUITE 711 SARASOTA FL 34238 US

Mailing Address 1821 WALDEMER ST. STE. 711 SARASOTA FL 34238 US

817199 90011006 \$150.00 DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/08/1992

4. FEI Number 05-0348018

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owns the current year intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

GENSNER, TIMOTHY W 2831 RINGLING BLVD SUITE 202-A SARASOTA FL 34237

9. Name and Address of New Registered Agent

91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1606, 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, hand or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, BELMAH, SHARON A MD, 4488 OAK VIEW DRIVE, SARASOTA FL.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Row 1: LS.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 807, 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: [Signature] BELMAH, SHARON A MD URESYARON BELMAH MACMILAN (F60) P758883

COPY

CR2E034 (11/88)

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Please help me! I, the CPA, made a mistake and didn't file the return. The client isn't responsible. I am responsible! I'll have to pay the penalties myself. The reason I didn't do it on time was because my partner moved out of our office, leaving me the entire office expense. I couldn't afford it and so was forced to merge into a larger firm. The first firm I was with fired or drove away all my employees within 6 months so I was forced to buy back my firm in the middle of tax season and merge with another firm. All my money was gone so I had to take out a loan against my house to pay for the move and firm changeover. The stress of all this drove me into a nervous breakdown and lots of other physical problems like early menopause, hair falling out in clumps, and immune system malfunctions. Please help me by forgiving the penalties. Thank you very much!

Handwritten signature

Note new mailing address:

40 So. Pineapple Ave.
St. 200
Sarasota, FL 34236

Please put this in block 2a of the form

