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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

CLARKSON AND KIDD, D.O., P.A.

FILED Apr 22 1998 8:00am Secretary of State

	internation (the control of the cont							
Principal Place of Business Mailing Address								
13020 PARK BLVD 13020 PARK BLVD SEMINOLE FL 34646 SEMINOLE FL 346 US US						DO NOT WRITE IN THIS SPACE		
		• •				3. Date Incorporated or Qualified		
						10/25/1972		
<u> </u>	ace of Business	2a, Mailing Addre	988			4. FEI Number Applied For		
Suite, Apt		26 Suite, Apt. #,	olc .			59-1433931 Not Applica \$8,75 Additiona		
22	n, 010	27	616.			5. Certificate of Status Desired Fee Required	'	
City & State)	City & Stato				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	7 _{(P}		Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Cur			1		10. Name and Address of New Registered Agent		
KEI	RN, DAVID P.A.			B1	Namo			
516	LAKEVIEW RD VILLA III			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CLE	EARWATER FL 33516			83				
				84	City	85 Zip Code		
				•	City	FL S ZIP COde		
12.		AND DIRECTORS	1	3.	nnt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	L. Det		1 11TLE		Change Add	ition	
NAME	KIDD, RICHARD C			2 NAME				
STREET ADDRESS	13020 PARK BLVD		- 1		ADDRESS			
CITY-ST ZIP TITLE	SEMINOLE FL STD	DEI		4 CITY-S 1 TITLE	T-ZIP	Change Add	ition	
NAME	CLARKSON, FREDERICK V			2 NAME		La bioligo La filo		
STREET ADDRESS	13020 PARK BLVD	•			ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			4 CITY-S				
THE		□ DEI	ETE 3.	1 TITLE		Change Add	ition	
NAME			3	2 NAME				
STREET ADDRESS			3.	3 STREET	ADDRESS			
CITY-ST-ZIP	Maria de la compansa			4 CHY-5	ST - 2/P			
TITLE		□ DEI		1 TITLE		Change L Add	nort	
NAME				2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE				4 CHTY - S 1 THILE	I - ZIP	Change Add	ition	
NAME				2 NAME	}	La Grange	**	
STREET ADDRESS					ADDRESS			
CITY-S1-ZIP				4 CITY-S				
TITLE		DEI		1 THTLE		Change Add	ition	
NAME			6.	2 NAME				
STREET ADDRESS			6.	3 STREET	ADDRESS			
CITY - ST - 2IP				4 CłTY - S				
14. I hereby o	entify that the information supplied	d with this filing does not d	qualify for the	exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the informat	ion	

non or the receiver or trustee eniphwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the control with an address.

Law Comment of the receiver or trustee eniphwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the control with an address.