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PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H18170

ROBERT E. BRAUNER, M.D., P.A.

, ,			
		<u> </u>	
Principal Place of Business	*.		 Mailing Address
13601 BRUCE B. DOWNS BLVD.		-	13601 BRUCE B. DOWNS BLVD.
#150			#150

FILED Feb 06, 1999 8:00am **Secretary of State**

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		B. DOWNS BLVD.)				
13601 BRUCE B. DOWNS BLVD. 13601 BRUCE B. DOWNS BLVD. #150 #150 TAMPA FL 33613-4609 TAMPA FL 33613-4609					DO NOT WRITE IN THIS SPACE				
		: : : **		1.3 1000		3. Date Incorporated or Qualifed			٦
		•		•		09/01/1984	•		
ŀ	2. Principal F	Place of Business	2a. Mailing A	ddress		4. FEI Number	A	pplied For	(9)
	21		26			59-2440575	· ——	lot Applicable	1 :
ſ	Suite, Apt.	. #, etc.	Suite, Ap	t. #, etc.		5. Certifcate of Status Desired		Additional	7 :
1	22				· · · · · · · · · · · · · · · · · · ·	J. Certificate of Status Desired	Fee F	Required	
1	City & Star	ite . •	City & St	ate		6. Election Campaign Financing	┌ \$5.00	May Be	
ŀ	23		28	•		Trust Fund Contribution	Added	to Fees'	1
L	Zip	Country	Zip		Country	8. This corporation owes the curre			
Ŀ	24	25 9. Name and Address of Curre	29	30	Į.	Personal Property Tax.	☐Yes	□No	-
ŀ		9. Name and Address of Curre		1R	81 Name	10. Name and Address of New R	eyisterea Agent		1
	BRA	AUNER, ROBERT E MD				· · · · ·			1
l		01-BRUCE B. DOWNS BLVD. #	150		82 Street Add	dress (P.O. Box Number is Not Acceptain	ble)		
l	TAM	MPA FL 33613			83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a de la companya della companya dell	ME. 8-24 1994	┨
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	,	•			84 City		FL 85 Zip	Code	1
L	11. Pursuant	t to the provisions of Sections 607.05	02 and 607.1508. F	lorida Statutes. tl	he above-named cor	rporation submits this statement for the r		s registered	1
	office or r	registered agent or both, in the State	e of Florida. Such ch	nange was author	rized by the corpora	rporation submits this statement for the ption's board of directors. I hereby accept	t the appointment as r	egistered	
1	agent. 1 a		ALIONS OF SECTION OF	Posos, Fluida	VIII	Rose was	Tropo		1
	CICNIATURE		71		<i>トーイン</i> クセン・ 1	スノンタイ イ わ ググ	11151000		1
	SIGNATURE	Signal rel-typed or printed name of registered	of and title it applicable.	(NOTE: Regis	stered Agent signature requi	s / Selance	DATE		ء ا
	12.	Signal refryped or printed name of registered OFFICERS A	ND DIRECTORS		Stereo Agent signature requi	red when reinstating)— ; ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT	ORS IN 12] 66]
		OFFICERS A	ND DIRECTORS	, I			DATE FICERS AND DIRECT	ORS IN 12	(11/98)
	12.	OFFICERS A PD BRAUNER, ROBERT E., M.D.	ND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFF			34:(11/98)
	12. TITLE	OFFICERS A PD BRAUNER, ROBERT E., M.D. 13601 BRUCE B DOWNS BLV	ND DIRECTORS	DELETE	13. 1.1 TIRE	ADDITIONS/CHANGES TO OFF			E0347(11/98)
	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD BRAUNER, ROBERT E., M.D.	ND DIRECTORS] DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	☐ Change	☐ Addition	R2F034 (11/98)
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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 of bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on a tate of the corporation of the corpo

SIGNATURE: