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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 454186

FRANKLIN, FAVATA & HULLS, M.D.'S, P.A.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90011 030 ***150.00



						-			I WINI NEW 1 LAW
Principal Place	e of Business	Mailing Address							
3100 E FLETCH	HER AVE	3100 E FLETCHER AVE							
P O BOX 17211		P O BOX 17211			DO NOT WEITE IN THIS SPACE				
TAMPA FL 33682 TAMPA FL 33682						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						1 1			1
						07/01/1974			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1532055			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				o. Common or outlood		Fee I	Required
City & Stat	е	City & State				6. Election Campaign Financing		\$5.0	0 Мау Ве
23		28				Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curr	ent year Int		
24	25	29	30			Personal Property Tax.		☑ Yes	□No
.=-1	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered	Agent	
			8	31	Name	 -			
FRA	nklin, H. Howard		L		O:	(D O D)	h (a)		
	E FLETCHER AVE			32 3	Street Addre	ss (P.O. Box Number is Not Accepta	ibl e)		
	IPA FL 33612		5	83		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11000	H 190175	1 82 1 83 1 (3)
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38,55 . 65 .				L				• <u> </u>	4
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	s, the abo thorized t	DVE-N	named corpo	oration submits this statement for the o's board of directors. I bereby accer	purpose or of the appoi	intment as	registered
agent. La	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statut	es.	ic corporation	110 baara 51 an baara, 1 110 ap 1			}
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	gent si	ignature required	when reinstating); ; ' ',	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered A	gent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OF			
					ignature required	ADDITIONS/CHANGES TO OF		ND DIRECT	
12.	OFFICERS AND	DIRECTORS	13.	E .	ignature required				
12. TITLE NAME	PD FRANKLIN, H. HOWARD, MD	DIRECTORS	1.1 TITLE	E .		ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS	PD FRANKLIN, H. HOWARD, MD 3100 E FLETCHER AVE	DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E E EET AL	DDRESS	ADDITIONS/CHANGES TO OF			
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CITY-ST-ZIP 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 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 life empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

√ SIGNATURE

STREET ADDRESS