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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

FILED Feb 18 1998 8:00am Secretary of State

DAVID	E. HALL, M.D., P.A.				8 8 8 8 8 8 8 8 8 8	
Principal Plac	e of Business	Mailing Address		-{	614 81841 81811 81811 81811 1881	
630 PASADE	NA AVE SO	9871 WINDTREE BLVD				
ST PETERSBURG FL 33707 SEMINOLE FL 34642				DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualified	SOFACE	
				09/19/1975		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26		26		59-1619397	Not Applicable	
I Suite, Apt. #, etc. I Suite. Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27		***	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Z ip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	—	30	 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 	urrent year Intangible 🛔 Ves 🔲 No	
	g. Name and Address of Curre	4	[30]	10. Name and Address of New Registered		
HALL, DAVID E. M.D. 81 Name						
9871 WINDTREE BLVD			82 Street Addre	Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 34642-			62 Sireel Addre	iss (P.O. Box Number is Not Acceptable)		
, , ,			63			
			84 City		10-1 7:- 0-1-	
			1	FI	L 85 Zip Code 33772	
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.						
onice or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.05 05 , Flo	authorized by the corporation or the corporation of	on's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ag		E: Registered Agent signature required			
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	PTD Hall, david e.	Ottele	1.1 TITLE		☐ Change ☐ Addition	
	9871 WINDTREE BLVD		1.2 NAME			
STREET ADDRESS City-St-Zip	SEMINOLE FL		1.3 STREET ADDRESS		ļ	
TITLE	VSD	DELETÉ	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	HALL, SHERRY H.		2.2 NAME		C Grange C Financian	
STREET ADDRESS	9871 WINDTREE BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELET e	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CRY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE .		☐ DELET E	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	***************************************	DELETE	5.4 CiTY - ST - ZIP			
TITLE		DELET E	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 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 or an attachment with an address.