SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998

SANDRA MANN, M.D., P.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(0)

FILED Aug 05 1998 8:00am Secretary of State

|--|--|--|--|

Principal Place	of Busines	5		Mailing	Address				-{	E1841 01011 01011 E1844 1484 1551
5539 MARINE PA	ARKWAY		5	539 MAI	RINE PARKWAY					
STE #7				STE #7					Ba Mar III.	
NEW PORT RICHEY FL 34652-1329			NEW PORT RICHEY FL 34652-1329 US				DO NOT WRITE IN THIS SPACE			
100			`	N					3. Date Incorporated or Qualified	
2. Principal Pla	ace of Busin	nass	т.	a Mail	ing Address				03/09/1976 4. FEI Number	
21		1000	⊢	2a. Mailing Address					59-1656687	Applied For Not Applicable
Suite, Apt. #	#, etc.				a, Apt. #, etc.					\$8.75 Additional
22	_		27	7					5. Certificate of Status Desired	Fee Required
City & State	•			City	& State				6. Election Campaign Financing	\$5.00 May Be
23			28			·			Trust Fund Contribution	Added to Fees
Zip		Country	_	_ Zip		Cou	intry	,	8. This corporation owes or has paid the current year Intengible	
24	0.11	25		29 30				Personal Property Tax due June 30. Yes No		
10000		and Address of Cu	irrent Keç	istered	Agent		81	Name	10. Name and Address of New Registered	d Agent
MANN, SANDRA D					٠.	Hame				
,	Marine P	KWY					82	Street Addre		
STE #		JHEY FL 34652					83			
14541	runi nic	UNCT PL 34002								
							84	City	F1	85 Zip Code
11. Pursuant t	to the provis	lons of sections 607	.0502 and	607.150	8, Florida Statut	es, the ab	ove-	named corpora	ation submits this statement for the nurness of	hanning its registered
I OTHER OF RE	egistered ag	gent, or both, in the S vith, and accept the c	state of Fig	maa. Su	ich change was	authorized	d by	the corporation	n's board of directors. I hereby accept the appoint	pintment as registered
SIGNATURE _		and decept the c	, Dinganona	01, 3001	1017 007 .0300, 11	Olioz Otal	Dios	».		
S	Signature, typed	or printed name of registere	d agent and lit	le if applica	ble. (N	OTE: Registe	red A	gent signatura requir	red when reinstating) DATE	
12.		OFFICERS	AND DIF	RECTOR		13.			ADDITIONS/CHANGES TO OFFICERS A	
	PD				L DELETE	1.1 Tr				Change Addition
		NDRA D. M.D.				1,2 NA				
		NE PKWY #9 ST	Ŀ #/						539 Marine Pkuy #7	
CITY-ST-ZIP	NEW PUH	T RICHEY FL			ГЭ	1.4 CFI 2.1 T/T		-ZIP		
NAME					DELETE	2.1 III 2.2 NA				Change Addition
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP										
TITLE					DELETE	2.4 CIT 3.1 TIT		-411-		Change Addition
NAME					r] OCTE IE	3.2 NA				Change Addition
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP						3.4 CH				
TITLE					DELETE	4.1 TIT	LE			Change Addition
NAME						4.2 NA	ME			
STREET ADDRESS						4.3 STF	REET.	ADDRESS		İ
CITY-ST-ZIP						4.4 CIT	Y-ST-	-ZiP		
TITLE					DELETE	5.1 TIT	LE			Change Addition
NAME						5.2 NA	ME			
STREET ADDRESS						5.3 STF	REET	ADDRESS		
CITY-ST-ZIP						5.4 CIT	Y-\$1-	ZIP		
TITLE					DELETE	6.1 T(T				Change Addition
NAME						6.2 NA	ME.			
STREET ADDRESS						6.3 STF	REET	ADDRESS		
CITY-ST-ZIP						6.4 CIT	Y-ST-	.7IP		

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.