PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 501794

1. Corporation Name

WILLIAM C. FRITSCH, M.D., P.A.

Principal Place of Business Mailing Address					## 	MIN MINIT LAND
716 THE RIALTO 716 THE RIALTO		716 THE RIALTO				
		VENICE FL 34285		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	IIG GFACE	
				04/23/1976		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		59-1663240	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	· · · · · ·
22		27			Fee Reg	
City & State		City & State		6. Election Campaign Financing	\$5.00 N	
23	Country	Zip	Country	Trust Fund Contribution	Added to	rees
Zip	Country		o Coonary	This corporation owes the current year Personal Property Tax.		□No
24	25 9. Name and Address of Curr			10. Name and Address of New Register		
	5. Haire and Address of our	one regional equit	81 Name			
TRACY, DENNIS J.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
Suite e, 245 North Tamiami Trail		62 Street Addi	ess (F.O. Box Number is Not Acceptable)			
VENICE FL 33595			83			
			84 City		85 Zip C	ode
				•		ļ
office or reagent. I as	egistered agent or both in the Sta	te of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by the corporate	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	FRITSCH, CAROL J		1.2 NAME			ļ
STREET ADDRESS	716 THE RIALTO		1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 00000		1.4 CiTY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	FRITSCH, WILLIAM C		2.2 NAME			}
STREET ADDRESS	716 THE RIALTO		2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 00000		2.4 CITY-ST-ZIP			- Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition \
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP		☐ DELETE	3,4, CITY-ST-ZIP 4,1 TITLE		Change	Addition
TITLE		□ betric	4. 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		<u> </u>	5.2 NAME		_ •	_
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP			5 4 CITY-ST-ZIP			Ì
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
			62 NAME			

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 like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

941-484- 2250

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90197 008 ***150.00