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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 505151

ALAN K. SICHELMAN, M.D., P.A.

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90068 019 ***150.00



						<u></u>]				818)) 818)) 188(
Principal Plac	e of Business	Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5323 GRAND E	BLVD	5323 GRAND BLVD									
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34653			34652			DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qu		- 11110	JI AUL		7
						07/01/1976	amea				ì
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number				pplied For	1
21		26				59-1674128 Not A					{ }
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								Additional	† '
22		27				5. Certificate of Status Des	ired			equired	Ì
City & State		City & State			6. Election Campaign Fina	ncina		\$5.00	May Be	1	
23		28				Trust Fund Contribution	,,o.,,,g			to Fees	
Zîp	Country	Zip	Cou	ntry		8. This corporation owes the	e curre	nt year Int	angible		1
24	25 29					Personal Property Tax.		•	☐Yes	ĎMo	
	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Re	gistered	Agent]
				81	Name						
	HELMAN, ALAN K.			82	Street Add	ress (P.O. Box Number is Not A	ccentar	ıle)			1
	3 GRAND BLVD			-						- a - 1 ma - 1 mg - 1]
NEA	V PORT RICHEY FL 33552			83				Ma Hir		問補關]
. ;				84	City	4,4	***	1 1 1 1 1 1 1	85 Zip	Code	┨
	*	mrk a communication		54	City			FL	37	7652	l
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the al	DOVE	-named cor	poration submits this statement	or the p	urpose of	changing its	registered	1
agent. I a	registered agent, or both, in the State or am familiar with, and accept the obligation	ons of, Section 607.0505, F	authorized Iorida Statt	utes.	uie corpora	uon's board of directors. Thereby	accept	tile appoi	nunent as re	egistered	ļ
SIGNATURE											
	Signature, typed or printed name of registered agent			Agen	t signature requ	red when reinstating), 1947/15		DATE			1
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	O OFF	CERS AN			-
TITLE	PD	☐ DELETE	1.1 TII		}	45 均2/整个			Change	Addition	ļ
NAME	SICHELMAN, ALAN K.		1.2 NA								
STREET ADDRESS		•	1.3 ST	REET	ADDRESS						١.
CITY-ST-ZIP	NEW PORT RICHEY FL	Constant	1.4 CIT		r-ZIP						┦ .
TITLE	D	· DELETE	2.1 117		11				Change	Addition	l
NAME	SICHELMAN, JANET L		2.2 NA								
STREET ADDRESS					ADDRESS						}
CITY-ST-ZIP	NEW PORT RICHEY FL	[7] DELETE	2.4 Ci		T-ZIP				F104	FTT A datata	1
TITLE	自然的 自然能	DELETE	3.1 TI		{ }				Change	Addition	-
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		(DETELE	4.1 TIT		11			• •	change	. (E) Audition	Ì
NAME	10	7.7	4.2 N								
STREET ADDRESS	G. Orac	The state of			ADDRESS	•					1
CITY-ST-ZIP	 		4.4 CIT		-ZIP				Change	Addition	1
	ļ	☐ nei cre			11				Change	L_J Addiction	1
NAME		☐ DELETE	5.1 TIT 5.2 NA		[]	1.0					1
07=557 +005544		☐ DELETE	5.2 NA	ME	Abbecc	And the second					
STREET ADDRESS		DELETE	5.2 NA 5.3 STI	ME REET	ADDRESS						
CITY-ST-ZIP	PO		5.2 NA 5.3 STI 5.4 CIT	ME REET Y-ST	- 11				Change	Oddišios	
CITY-ST-ZIP	delouger, par	☐ DELETE	5.2 NA 5.3 STI 5.4 CIT 6.1 TITI	ME REET Y-ST LE	- 11				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	54 (53), 56 (53) (54) (53) 50(2) (54), (53) (52), (53)		5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.2 NA	ME REET IY-ST LE ME	-ZIP				☐ Change	☐ Addition	
CITY-ST-ZIP	delouger, par		5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.2 NA	ME REET TY-ST LE ME REET	-ZIP ADDRESS				☐ Change	☐ Addition	

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.