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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | G W | TES! | DIVISION C | OF CORPOR | RATIONS | | | | | |
|--|--|--|--|---|--|--|---|---------------------------|---|--|--|
| OCUMENT # 50593 Corporation Name HAROLD M. WARD, D.O., P.A. | | 34 | 4 (O) | | | | | | | | |
| HARC |)LD M. W | /ARD, D.O., P.A. | | | | | 1 (2011) 611/4 90101 01 | | | | |
| rincipal Place of Business Mailing Address | | | | | | | 1888 1981 1981 1988 1988 1988 1988 1988 1988 1988 1988 1988 1988 1988 1988 1988 | | | | |
| 12464 INDIAN ROCKS ROAD LARGO FL 34644 | | | 12464 INDIAN ROCKS ROAD LARGO FL 34644 | | | | | | | 811 41411 414 (1 12 | |
| Principal P | lace of Busin | 000 | | | | _ | 3. Date incorporated or 0 06/28/1976 | Qualified | 3a. Date (| of Last /27/19 | Report |
| Principal Place of Business | | 555 | 2a. Mailing Address | | | 4. FEI Number | | | | Applied For | |
| Suite, Apt. | #, etc. | | | uite, Apt. #, etc. | | | 59 -6 079947 | | | | Not Applicat |
| 01.00 | | | 27 | , , , | | | 5. Certificate of Status De | esired | | | 5 Additional |
| City & State | ē | | | ty & State | | | 6. Election Campaign Fina | encino | | | Required |
| Zip | | Country | 28 | <u></u> | | | Trust Fund Contribution | | | | 00 May Be ed to Fees |
| • | • | 25 | Zip |) | Coun | itry | 8. This corporation has lia | bility for in | langible tax | under s | 199.032. |
| | | and Address of Curren | nt Registere | d Agent | 30 | | Florida Statutes | ☐ Yes | □No | | , , |
| | | ···· | | | | 81 Name | 10. Name and Address of | of New Re | gistered Ag | ent | |
| WARD, HAROLD M. 12464 INDIAN ROCKS ROAD | | | | | | | (0.0.6. 1) | | | | |
| | | CKS ROAD | | 82 Street Ad | | | dress (P.O. Box Number is Not A | Acceptable |) | | |
| LANGE | FL 33540 | | | | 8 | 33 | | | | | |
| | | | | | | | | | | | |
| | | | | | 8 | 4 City | | | | | |
| Purs lost to | the provisio | ns of Sections 607 0502 | and 607 150 | 00 51 11 01 | 1 | 4 City | | | | - 1 ' | p Code |
| Pure post to | o the provision agent, or b | ns of Sections 607.0502 | and 607.150 la. Such cha | 08, Florida Statute inge was authorize | 1 | 1 " | pration submits this statement for | r the purpo | | - 1 ' | |
| Pursuant to or registero familiar with | o the provision agent, or but and accept | ns of Sections 607.0502 both, in the State of Florid t the obligations of, Section | and 607.150 la. Such cha on 607.0505 | 08, Florida Statute ange was authorize s, Florida Statutes. | 1 | 1 " | oration submits this statement for and of directors. I hereby accept | r the purpo the appoin | | - 1 ' | |
| Pursuant to or registere familiar with | , = · · · · · · · · · · · · · · · · · · | r printed name of registered agent a | and title if applicat | p, Fiorida Statutes. | es, the above ed by the cor | e-named corpor poration's boa | amountain moreoy decept | r the purpo the appoin | ose of chang atment as reg | - 1 ' | |
| Pursuant to or registere amiliar with | Signaturo, typed or | tato obligations of, Section | and title if applicat | p, Fiorida Statutes. | es, the above ed by the cor | 1 " | ed when reinstating) | appoin | DATE | ing its r gistered | egistered offi agent. I am |
| Pursuant to or registere amiliar with | Signature, typed or | r printed name of registered agent a OFFICERS AND | and title if applicat | p, Fiorida Statutes. | es, the above ed by the cor | e-named corpor rporation's boa pent signature require | amountain moreoy decept | appoin | Dise of chang ntment as reg | ing its r gistered | egistered offi lagent. I am RS IN 12 |
| Pursuant to or registere amiliar with ATURE s | PST WARD, I | r printed name of registered agent a OFFICERS AND | and title if applicat | p, Fiorida Statutes. (NO) | as, the above ad by the cor IE Registered Ag | e-named corporation's boarporation's boarporation's parties against the required | ed when reinstating) | appoin | Dise of chang ntment as reg | ing its r gistered | egistered offi agent. I am |
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SIGNATURE: _

SUMMITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 813-595-255