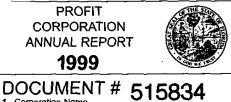
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

IRA A. RASHKIN, M.D.P.A.



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-16-1999 90067 042 ***150.00

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Principal Place of Business Mailing Address								i ibbidi Arrai Isbai Arras idiba	ANTH MINE PINN BY	BH AINH AIN	1 (1) (1) (1) (1) (1)
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SUITE B.		SUITE B.					DO NOT WE	NTE IN TUIC	00405		
SARASOTA FL	34239	SARASOTA	SARASOTA FL 34239				DO NOT WRITE IN THIS SPACE				
				•			,	 Date Incorporated or Qualifer 09/28/1976 			
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		_ [] <i>f</i>	pplied For	
21)		26	26				59-1742740			Not Applicable	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required	
City & Stat	e		City & State				6. Election Campaign Financing	n	\$5.00	May Be	
23		28	28				Trust Fund Contribution	_ []	Addec	to Fees	
Zip	C	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
24	25		29	29 30			_	Personal Property Tax.			
	9. Name and	Address of Curr	ent Registered A	gent			1	0. Name and Address of New	Registered A	Agent	
					8	Name)				1
rashkin, ira a.					82	Street Address (P.O. Box Number is Not Acceptable)					
	5 S. Tamiami tr		la			reet Address (F.O. Box Number is Not Acceptable)					
SAR	asota FL 3423		j								
					<u></u>	<u> </u>				1	
					84	City			FL	85 Zip	Code
office or n	to the provisions o egistered agent, or m familiar with, an	r both, in the Stat	te of Florida. Such	change was aut	horized by	the corp	d comorati poration's	ion submits this statement for the board of directors. I hereby according	e purpose of e ept the appoir	changing it itment as r	ts registered registered
SIGNATURE	,		9-								į
SIGNATURE	Signature, typed or printe	ed name of registered a	gent and title if applicable	(NOTE: R	Registered Age	nt signature	ertw beniupen		DATE		
12.		OFFICERS A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	PD			☐ DELETE	1.1 TITLE		1			☐ Change	Addition
NAME	rashkin, ira	Α.			1.2 NAME		}				ļ
STREET ADDRESS	2325 S. TAMIA	AMI TR.			1.3 STREE	T ADDRESS	s [Ţ
CITY-ST-ZIP	sarasota fl	_			1.4 CITY-	ST-ZIP	<u> </u>				
TITLE				DELETE	2.1 TITLE					Change	Addition
NAME					2.2 NAME						Ì
STREET ADDRESS					2.3 STREE	TADDRESS	; }				1
ÇITY-ST-ZIP					2.4 CITY-	ST-ZIP					_{-}
TITLE '		2, , ,		DELETE	3.1 TITLE				7.11	.[] Change	Addition
NAME :					3.2 NAME)				}
STREET ADDRESS					3.3 STREE	TADDRESS	s				ļ
CITY-ST-ZIP					3.4. CITY-	ST-ZIP	Ì				ľ
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CITY-ST-ZIP	1				4.4 CITY-		})
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STREET ADDRESS						TADORESS	s)				ļ
CITY-ST-ZIP					5,4 CITY-:			•			
TITLE	<u></u>			DELETE	6.1 TITLE		 			Change	Addition
NAME					6.2 NAME		ļ			_ •	
STREET ADDRESS					1	T ADDRESS	3		÷		ſ
CITY-ST-ZIP)				6.4 CITY-		1				}
0111-01-71L	i										

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.

SIGNATURE: