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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

518164

(9)

MEL ABRAMS, M.D., P.A.

## **FILED** Feb 10 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				
		3450 E. FLETCHER AVE. 8 TAMPA FL 33613-1803				
				3. Date Incorporated or Qualified		
2, Principal F	Place of Business	2a. Mailing Address		11/01/1976 4. FEI Number	Applied For	
21		26		59-1698486	Not Applicable	
Suite, Apt	#, etc	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stal	to	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	· <del>-</del>	
	g, Name and Address of Curren			10. Name and Address of New Register		
ABRAMS, MEL B1 Name						
3450 E. FLETCHER AVENUE, SUITE 250 TAMPA FL 33613-1603			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
in.	MEN LE 330 13-1003		83	F-91		
			84 City	<u> </u>	85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	DELETE	1.1 TITLE	The state of the s	Change Addition	
NAME	ABRAMS,MEL M.D.		12 NAME			
STREET ADDRESS	3450 E FLETCHER AVE #250		13 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 City-St-ZiP			
TITLE		DELETE	2   1/TLE		Change Addition	
NAME Street address	-		2.2 NAME			
CITY - ST - ZIP			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-S1-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME		ļ	
STREET ADDRESS			4.3 STREFT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		F Occurs D Ministra	
NAME		C) necest	5.1 TITLE 5.2 NAME		Change Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			

14. Thereby cortify that the information supplied indicated on this arrival report or supplied officer or director of the corporation or thus earliest 12 or Block 13 if changed, or on a value. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information relation must report is true and accurate and that my significant shall have the same legal effect as if made under oath; that I am an increase or trostice empowered to it is pour this report as equired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

8/3-971-3450