## 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

## FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90073 023 \*\*\*150.00

DOCUMENT # 583942
1. Corporation Name
1. Corporation Name THOMAS D. BOROWY, PH.D., P.A.

THOMAS	Name D. BOROWY, PH.D.; P.A.					Section 1					
Principal Place of Business Mailing Address										<b>3</b> ,	
4160 UNIVERSITY BLVD SOUTH			4160 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216							,,	
JACKSONVILLE FL 32216			JACASONVILLE PL 32210				DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo 08/31/197	orated or Qualifed	1		
2. Principal P	Place of Business	2a.	2a. Mailing Address				4. FEI Number			Ar	plied For
1		26	- <del>-</del>			59-263997	75¨		No	ot Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & Stat	te		City & State					npaign Financing			May Be
23		28					Trust Fund (				to Fees
Zìp	Country	29	Zip	Coun	try		<ol> <li>8. This corporal Personal Pro</li> </ol>	tion owes the cu	rrent year	Intangible Yes	□No
24	9. Name and Address of Curre		tered Agent	1301			10. Name and	· · · · · · · · · · · · · · · · · · ·	Registere	d Agent	
	3. Hamo and Addison of Contra	<u> </u>			81 Name						
	OWY, THOMAS D. UNIVERSITY BLVD S			}	32 Street	Addres	ss (P.O. Box Num	ber is Not Accep	table)	•	
	KSONVILLE, FL. 32216			-	B3			<del></del>		_ <del></del>	<del></del>
					84 City			<del></del>	F	85 Zip	Code
	to the provisions of Sections 607.05		07 4500 51-14-51-1			1 00000	ation submits this	statement for th			registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florid	la. Such change was a	authorizea	ov the cor	poration	's board of directo	ors. I hereby acc	ept the app	pointment as re	egistered
ayent. ra	atti lattillat witti, attu accept the oblig	jations or,	Section 607.0505, Fig.	onda Statu	les.						
SIGNATURE				onoa Statu	.05.				DATE	<del></del>	
SIGNATURE	Signature, typed or printed name of registered age	ent and title i	f applicable. (NOT	onoa Statu	.05.		when reinstating)	CHANGES TO O		AND DIRECTO	
		ent and title i	f applicable. (NOT	E: Registered /	es. gent signature		when reinstating)	CHANGES TO O		AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title i	f applicable. (NOT	E: Registered /	gent signature		when reinstating)	CHANGES TO O			ORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D.	ent and title i	f applicable. (NOT	E: Registered / 13.	gent signature	required v	when reinstating)	CHANGES TO O			ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D.	ent and title i	f applicable. (NOT) CTORS  DELETE	13. 1.1 TITE 1.2 NAI 1.3 STE	gent signature E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agr OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT.	ent and title i	f applicable. (NOT	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT	gent signature  E KE KE KET ADDRESS (-ST-ZIP	required v	when reinstating)	CHANGES TO O			ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agr OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT.	ent and title i	f applicable. (NOT) CTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	gent signature  E  KE  EET ADDRESS  (-ST-ZIP  E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag- OFFICERS A  PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FI.	ent and title i	f applicable. (NOT) CTORS  DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	Gent signature  E KE KE KET ADDRESS  F ST-ZIP E KE K	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag- OFFICERS A  PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FI.	ent and title i	Fappicable (NOT) CTORS  DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT	gent signature  E  KE  KE  KET ADDRES!  (- ST-ZIP  E  KE  KEET ADDRES!  Y-ST-ZIP	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ag- OFFICERS A  PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FI.	ent and title i	f applicable. (NOT) CTORS  DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CFI 3.1 TITI	Gent signature  E  IEET ADDRESS  (-ST-ZIP  E  AE  IEET ADDRESS  Y-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS  DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	gent signature  E  (E  EET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-S1-ZIP  E  AE	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS  DELETE	13. 1.1 TIR 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIR 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIR 3.2 NAI 3.3 STF	Gent signature  E  E  E  E  E  E  E  E  E  E  E  AE  E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS DELETE DELETE	13. 1.1 TIR 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIR 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIR 3.2 NAI 3.3 STF 3.4 CIT	Gent signature  E  E  E  E  E  E  E  E  E  E  E  E  E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS  DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI	E E EET ADDRES:  AE EET ADDRES:  AE E E E E E E E E E E E E E E E E E E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS DELETE DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI	E E EET ADDRES:  AE EET ADDRES:  AE E E E E E E E E E E E E E E E E E E	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS DELETE DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF	Gest signature  E  AE  BEET ADDRESS  ASE  ASE  BEET ADDRESS  Y-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  ME  BEET ADDRESS  H  BEET ADDRESS	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOT) CTORS DELETE DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF	Gest signature  E  AE  BEET ADDRESS  ASE  BEET ADDRESS  Y-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	required v	when reinstating)	CHANGES TO O		☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ag- OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL	ent and title i	Fappicable (NOTE CTORS DELETE DELETE DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT	Gest signature  E  AE  BEET ADDRESS  (-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL.	ent and title i	Fappicable (NOTE CTORS DELETE DELETE DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	Gest signature  E  AE  BEET ADDRESS  (-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change	DRS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL.	ent and title i	Fappicable (NOTE  CTORS  DELETE  DELETE  DELETE  DELETE	E: Registered / 13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	Gest signature  E  AE  BEET ADDRESS  (-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  AE  REET ADDRESS  Y-ST-ZIP  AE  REET ADDRESS  Y-ST-ZIP  AE	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL.	ent and title i	Fappicable (NOTE CTORS DELETE DELETE DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	Gent signature  E  AE  EEET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL.	ent and title i	Fappicable (NOTE  CTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	Gent signature  E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  ME  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered age OFFICERS A PD BOROWY, THOMAS D. 2200 MILLER OAKS CT. JACKSONVILLE FL.	ent and title i	Fappicable (NOTE  CTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITE 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITE 6.2 NAI 6.3 STF	Gent signature  E  AE  EEET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS	required v	when reinstating)	CHANGES TO O		☐ Change ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR