PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 602621

1. Corporation	B. CRAVEN, M.D. PROF	ESSION ASSO	CIATION						60 1140 433) In 1160 4160	
Principal Place	e of Rusiness	Mailing A	ddress					PR (BR PREPA	Bii Bibti Bibii s	FERRE BARIT TE BE
1351 SOUTH BLVD. POST OFFICE BOX 800										
CHIPLEY FL 32428 CHIPLEY FL 32428							DO NOT WRI	TF IN THIS	SPACE	
us us							3. Date incorporated or Qualified			
							01/01/1971			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ar	plied For
21 26			–				59-1311169		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27								aguired
City & State			City & State				6. Election Campaign Financing		\$5.00 Added	
23		28		Cou	nfn.		Trust Fund Contribution			U F863
Ζiρ	Country	Zíp		30	riuy		This corporation owes the curr Personal Property Tax.	ен уваг шч	OX Yes	□No
24	9. Name and Address of Co	29	Agent	1301	Г		10. Name and Address of New I	Registered /	Agent	
	or indition and woulded of Or	arrain Nagasa-au			81	Name				
CRA	ven,James B				82	Street Add	iress (P.O. Box Number is Not Accept	able)		
	I SOUTH BOULEVARD				**	30001 A00	Address (P.O. Box Number is Not Acceptable)			
CHIF	7LEY FL 32428				83					ļ
					84	City		FL	85 Zip	Code
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44 5		フ ヘミハウ っゃみ だわブ 1長の	in Elada Statid	os me o	have	-named con	nomion submis this statement for the	DUIDUSE UI		
11. Pursuant office or r	to the provisions of Sections 60 egistered agent, or both, in the 5	7,0502 and 607,150 State of Florida - 807	8, Florida Statul	es, the a	bove	named con the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appoi	ntment as re	gisterød
	to the provisions of Sections 607 registered agent, or both, in the 5 rm familiar with, and accept the company of the sections of the section of t	7,0502 and 607.150 State of Florida 807 Obligations of 5060	b), Florida Statut ch change was 6 on 607.0505/Flo	es, the a luthorized ride Stat	bove by tules.	named conthe corporate	poration submits this statement for the tion's board of directors. I hereby acce	purpose of of the appoin	ntment as re	ogistered 3
11. Pursuant office or r agent. I s SIGNATURE	16/11/11/19	(AS)	1 9/1			e-named con the corporati	red when reinstating)	DATE	<u> </u>	/
	Augustiane, types of patries Teams of registers	(AS)	S (NOTE	Registered 13.	Agen			DATE	D DIRECTO	ORS IN 12
SIGNATURE	And States, should be partied here of registers OFFICER	ed agent and title if applicat	the (NOTE	13.	Agent TLE		red when reinstating)	DATE	<u> </u>	/
SIGNATURE	OFFICER PT CRAVEN, JAMES B	ed agent and title if applicat	S (NOTE	13. 1.1 Ti 1.2 Ni	Agent TLE	signature requir	red when reinstating)	DATE	D DIRECTO	ORS IN 12
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6.4.CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.D7(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

CITY-ST-ZIP

James B. Craven, M.D., President 4/2/99 850-638-1230 MING OFFICER OR DIRECTOR

FILED

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 036 ***150.00

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