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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

602847

(6)

DOCUMENT #

1. Corporation Name BLEDSOE & HENNESSEY, M.D. 'S, P.A.

BLEDSOE & HENNESSEY, M.D. 'S, P.A.						<u> </u>				
rincipal Place of	Business		Mailing Address	s	-		1 IAGINE BANK BEINE MAAN AND AND AND			
6450 38TH AVE			6450 38TH AV	E N						
Suite 200 St. Petersburg fl 33710		SUITE 200 St. Petersburg Fl 33710 US			3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1995					
US							<b>06/01/1971 4.</b> FEI Number		<del></del>	plied For
Principal Place	e of Business		2a. Mailing Add	iress			59-1346556		<u> </u>	t Applicable
			Suite, Apt. 6	# otc					\$8.75	
Suite, Apt. #,	etc.		27	W. Dic.			5. Certificate of Status Desired		Fee Re	
City & State			City & State	e			6. Election Campaign Financing		\$5.00 Added	
]			28				Trust Fund Contribution  8. This corporation has liability for			
Zip	Coun	try	Ζip		Country		Florida Statutes 🔀 Ye	ıs ∏ No		
25 9. Name and Address of Currer		rose of Current	144		30		10. Name and Address of New Registered Agent			
	g. Name and Add	ress of outlett	inegioistic grant		81	Name				
BLEDSOE	LAMES W				82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
6450 38TH AVE N. SUITE 200			83							
ST. PETERSBURG FL 33710					84	City		F	85 Zip	Code
-				<u>-</u> -		L	ration submits this statement for the p rd of directors. I hereby accept the ap		hanning ito ro	gistered offi
or registere familiar with	the provisions of Se id agent, or both, in t in, and accept the obl	igations or, decide	nd the dappleace	da Statules.	IF flisgiritered A⊋•		al when renetating	DATE		RS IN 12
or registere familiar with SIGNATURE	id agent, or both, in t ii, and accept the obl	igations or, ciectio	nitio tapiliano DIRECTORS	da Statules. (Kol	IF Respitered Age	я і зідначистварня		DATE		RS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR