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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

603163

(7)

FILED May 13 1998 8:00am Secretary of State

| Principal Plac | DLLWOOD OBSTETRICS & (DE OF Business H DALE MABRY 1818 | Mailing Address | uling Address 212 NORTH DALE MABRY | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|----------------|--------------------------------|------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------------------------|--------|--|
| | | | | | | <u> </u> | 3. Date Incorporated or Qualified | | | | ٦ | |
| | | | | | | | 10/26/1971 | | | | | |
| 2. Principal P | Place of Business | 2a, Mailing Address | | | | | 4. FEI Number Applied For | | | | | |
| 21 | | 26 | | | | | 59-1371951 | | | l Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | - 1 | 5. Certificate of Status Desired | | | dditional | | |
| 22 | | 27 | | | | | | ee Re | · | 4 | | |
| City & Stat | le . | Cily & State | | | ļ | 6. Election Campaign Financing | | | May Be | | | |
| Zip | Country Zip Co | | | Country | | | Trust Fund Contribution | | | Fees | 4 | |
| | 25 | 29 | 30 | | Ounity | | This corporation owes or has paid the Personal Property Tax due June 30. | current ye | | ingible No | | |
| 24 | g. Name and Address of Curren | | 30 | } | | | 10. Name and Address of New Register | | | INO | ┨ | |
| 1.53 | VINE,JOSEPH P | | | 81 | Name | | | | | | 1 | |
| | 212 N. DALE MABRY | | | | | | | | | | - | |
| | MPA FL 33618 | | | 82 | Street A | Address | (P.O. Box Number is Not Acceptable) | | | | | |
| 174 | MI X 1 E 000 10 | | | 83 | | | | | | | 1 | |
| | | | | 84 | Oite | | | 1001 | Zip C |) | 4 | |
| | | | | - | City | | F | =L ⁸⁵ | | | | |
| 11, Pursuant office or r agent. La | to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligations. | 2 and 607,1508, Flor <mark>ida Stat</mark> ut of Florida Such change was a stions of, Section 607,0505, Flo | es, the a authorize orida Sta | bava d by tutes | named the corp | corpora coration | ition submits this statement for the purpos s board of directors. I hereby accept the | e of chang appointme | ging its ent as r | registered registered | | |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typied or printed name of registered age | | | d Age | nt signature | required v | men reinstating) DA | | | 2111.42 | 15 | |
| 12. | OLFICERS ANI | DELETE | 13. | 13. 1.1 Till E | | | ADDITIONS/CHANGES TO OFFICERS | | CTOR: | S IN 12 Addition | 10/01 | |
| NAME | LEVINE, JOSEPH P | vecit | | 1.2 NAME | | | | L 3 011 | ange | Addition | | |
| STREET ADDRESS | 11212 N. DALE MABRY | | 4 | | ADDRESS | | | | | | ROEU34 | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 CITY - ST | | | | | | | 12 | |
| TITLE | SD | DELETE | 2.1 1 | | | | | ☐ Ch | lange | Addition | | |
| NAME | LEVITT, CLIFFORD A | | 2.2 N | AME | | | | | _ | | | |
| STREET ADORESS | 11212 N. DALE MABRY | | 2.3 S | TREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | TAMPA FL | | 2.4(| DITY-S | ir-ZIP | | | | | | | |
| TITLE | ΤĎ | DELETE | 3.1 T | | * | | | ☐ Cr | nange | Addition | 1 | |
| NAME | MATTHEWS, RICHARD A. | | 3.2 N | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | 11212 N. DALE MABRY | | 335 | 3 3 STREET A | | | | | | | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4. CITY- | | 1 - 7IP | | | | | | _ | |
| TITLE | | ☐ DELETE | 4.1 Ti | ITLE | | | | L.J Ch | ange | ☐ Addition | | |
| NAME | | | 4. 2 NAME | | | | | , | | | | |
| STREET ADDRESS | 1 | | 4.3 STREE | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | The incident | | 11Y-S1 | I - ZIP | ļ. <u></u> | | 1 1 2 | | 1.400 | 4 | |
| TITLE | | DELETE | 1 | 5.1 TOLE | | | | ∟ Ch | ange | Addition | | |
| NAME | | | 5.2 N | | | | | | | | | |
| STREET ADDRESS | | | | | AODRESS | | | | | | | |
| CITY-ST-ZIP | | DELETE | | ITY-ST | - ZIP | | | ☐ Ch | anne | Addition | 1 | |
| TITLE | | LJ DELETE | 6.1 TI | | ļ | | | اللا في | ungo | - vonition | - | |
| NAME STREET ADDRESS | | | 6.2 N | | ADDECC | | | | | | | |
| | | | 6.3 STREET ADDRESS 6.4 City - St - Zip | | | | | | | | | |
| CITY-\$T-ZIP | ī . | | 6.4 C | 111-0 | 1-215 | 1 | | | | | 1 | |

14. Thereby 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 supplience ital annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 for on an altachment with an address.