	PROFIT PRORATION IUAL REPORT 1998	Sandra Sacret	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	May 20 19 Secretar		
H. JE	JMENT # 604241 ROME KOSER, D.O., P.A.					
Principal Place of Business Mailing Address TWIN OAKS PROFESSIONAL CENTRE TWIN OAKS PROFESSIONAL CENTRE 2143 N.E. COACHMAN RD., SUITE 1 2143 N.E. COACHMAN RD., SUITE 1 CLEARWATER FL 34825 CLEARWATER FL 34825			RD., SUITE 1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/00/1073		
2. Principal	Place of Business	2a. Mailing Address		03/29/1973 4. FEI Number	Ap	plied For
n]		26		59-1448656	No	Applicabl
Suite, Ap	l. #, θtC.	Suite, Apt #, etc.		5. Certilicate of Status Desired		
City & St		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 33	765 Country 25	29 33765	Country 30	 This corporation owes or has paid Personal Property Tax due June 30 	0. 🕱 Yes 🗌	angible] No
	 Name and Address of Curren 	nt Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent	
	oser, Jerome H. Win Oaks Professional Cent	RF			<u> </u>	
	143 N.E. COACHMAN RD., SUITE			Iress (P.O. Box Number is Not Acceptable)	
Ċ	LEARWATER FL 34625		[83]			
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	it to the provisions of Sections 607.050 reg iste red agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Srich change was	84 City Jtes, the above-named cor authorized by the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept t	FL 85 Zip (33 pose of changing it the appointment as	265
11. Pursuar office of agent. 1 SIGNATURE	Signature types to presed name of registered age	an and tale 1 app wable (NC	utes, the above-named cor authorized by the corpora forida Statutes.		PL 33 pose of changing it the appointment as	7 65 s registere registered
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