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 May 23, 2000 8:00 am Secretary of State

05-23-2000 90192 034 ***150.00

DOCUMENT # 604486

Corporation Name

WHITE, C. RONALD, M.D., P.A.

Principal Place	of Business	Maling Modicos	.,						
1801-16TH STREET NORTH 536 16TH AVE NE STUTE A ST. PETERSBURG FL 33704									
SUITE A ST. PETERSBURG FL 33704 US					DO NOT WRITE IN THIS SPACE				
ii. Peienopun IS	O FE 33704				3. Date Incorporated or Qualifed				
		·			07/01/1973				
Principal Place of Business Za. Mailing Address					4. FEI Number			Applicants	
	HERRY ST. N.E.	26 P.O. 170x 76010			59-1467578			Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired]	\$8.75 Additional Fee Required		
City & State	_	City & State.			6. Election Campaign Financing Trust Fund Confiribution	\$5.00 May Be Added to Fees			
Sr. 1270	wours, France	Zip Zip	<u> 1 ار 5</u> (Count	N N	8. This corporation owes the current	vear Intar	naible		
Zip	Country 25 PIN CUM	29 73734-6010 30	A.A	LUAS	Personal Property Tax		j Yesi	□No	
33701	9. Name and Address of Curren		1 / //	10493	10. Name and Address of New Reg	istered A	gent		
	9. Name and Address of Curren	t Registered Agent		1 Name					
WHIT	E, C. RONALD			_	ddress (P.O. Box Number is Not Acceptable				
	16-AVE NE		3	32 Street Ad	Cuenty St. N.E. # (.1			
		•	5	13 16-10	CARACT ST. TUE.				
51 P	etersburg fl 33704 -		Ι,	."			···		
ė			1	34 City			85 Zip C	_ 4	
				Sc/	COMMUNE	<u> </u>	32	<u>/0_1</u>	
1 Pursuant I	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes,	the abo	ove-named co	orporation submits this statement for the pu ation's board of directors. I hereby accept the	ne appoint	ment as rec	jistered	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti- itions of, Section 607,0505, Florida	a Statut	es.	anon's sould at an entire the say				
IGNATURE	Signature typed or printed name of registered age	nt and title if applicable (NOTE Re	gistered A	gent signature req	uired when reinstating)	DATE	DIRECTO	DS IN 12	
2.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		Ti Change	AJD::01	
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ME	WHITE, C. RONALD		1 2 NAM	E '					
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YT.E		<u> </u>	6.2 NA	vE					
AME			1	REET ADORESS					
			54 CIT	Y. ST. 7IP					
JTV ST.ZIP					in Section 119.07(3)(i). Florida Statutes, I fi	unher cen	ify that the i	nlormation	
indicated	certify that the information supplied v	aiver or trustee empowered to exe	64 CIT he exen ite and ecute th	nption stated that my signal is report as re	in Section 119.07(3)(i), Florida Statutes. I fi sture shall have the same legal effect as if n equired by Chapter 607, Florida Statutes, a	unher cent hade unde nd that me	ify that the interpretation of the property of	6912 111	