FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT					i	Secretary of State					Secretary of State				
1998						DIVISION OF CORPORATIONS				[Score	tai y	OI '	Эι	aic
D 1.		MENT n Name		612251		(9)									
CHARLES R. FREEBLE III, M.D., P.A.															_
Pri	Principal Place of Business Mailing Address														
7/11 FIRST AVE., S. 7/11 FIRST AVE., S.															
ST. PETERSBURG FL 33707						ST. PETERSBURG FL 33707									
											DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
											03/09/1979				
2.	Principal Pl	lace of Busin	ness	· · · · · · · · · · · · · · · · · · ·	2a	. Mailing Address		_			4. FEI Number			App	lied For
21	<u> </u>					26					59- <u>1886307</u>				Applicable
	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desire	d \square		5 Ac e Req	lditional ulred
22	City & State					City & State					6. Election Campaign Finance	ina			May Be
23	_ '					28				أ	Trust Fund Contribution		•	ded to	•
	Zip		$\overline{}$	Country		Zip	Cou	ntry			8. This corporation owes or h				
24		o Nama	25 and	Address of Current	Pagis	elered Agent	30				Personal Property Tax due 10. Name and Address of Ne		Yes		No
g. Name and Address of Current Registered Agent FREEBLE, CHARLES R. III									Name		10. Hamb allu Addiess of He	w Hegistolet	- Agoilt		
7111 FIRST AVE., S.								82	Ctroot Ad	ddraa	s (P.O. Box Number is Not Acc	antable)			
ST. PETERSBURG FL 33707								02	Street Au	uuless	S (F.O. BOX NUMBER IS NOT ACC	ергавів)			
								83							
								84	City				85 4	Zip Co	ode
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at									named co	Ofnors	ation submits this statement for	the purpose		or ite	rogistered
11	office or re	egi s tered ag	jent,	or both, in the State of	of Flori	ida. Such change was	authorize	d by	the corpor	ration	's board of directors. I hereby	accept the ap	pointment	i as re	gistered
C1/	agent i ai SNATURE	iii falliiida w	ilii, 22	nd accept the obliga	IIOHA U	or, Section 607:0303, F	المادة عادانا	ULGS							
		Signature typed	or pri	ded name of registered agen		<u>.</u>	TE: Registere	d Age	nt signature red	quired v	when reinstating)	DATE		\equiv	
12		PD		OFFICERS AND	DIRE	CTORS DELETE	13.	rı r			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	_	IN 12 Addition
NA			E. C	HARLES R. III		[] beerie	1.1 Ti 1.2 N/						Chan	Йc	ROUIIION
	STREET ADDRESS 2300 PELHAM ROAD						1.3 STA								
	Y-SY-ZIP			BURG FL			1.4 C								
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NAI	ME						2.2 N	ME							
	EET ADDRESS								ADDRESS						
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NAM	1						3.2 N							-	
STR	EET ADDRESS						3.3 \$1	REET	ADDRESS						
CIT	Y-ST-ZIP						3.4. C	ITY-S	T-ZIP						
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NAM							4.2 N								
	EET ADDRESS								ADDRESS						
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NAN	J					_ -	5.2 N		1					-	
STA	EET ADDRESS						5.3 \$1	REET ,	ADDRESS						
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TITL	í					DELETE	6.1 TO						Chan	ge	Addition
NAM							6.2 N								
	EET ADDRESS								ADDRESS						
ÇII	(+ST-ZIP	-34					6.4 CI	1Y-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·				

I hereby 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 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 of 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 or as attachment with an address.

FILED

Mar 27 1998 8:00am