COR ANNU	PROFIT PORATION IAL REPORT 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CC	MENT O e Harris of State	IF STATE	Feb 13, 1 Secreta	LED 1999 8:00a ry of State	
 Corporation 	MENT # 69 Name LAMY, M.D., P.A.							
Principal Place 227 S. CALHOU			ing Address S. CALHOUN ST.	<u> </u>				
FALLAHASSEE			AHASSEE FL 32301			DO NOT W 3. Date Incorporated or Qualife 07/01/1981	RITE IN THIS SPACE	
- ·	ace of Business		Mailing Address			4. FEI Number		pplied For
1 Suite, Apt. :	#, etc.	26	Suite, Apt. #, etc.			59-2101519 5. Certifcate of Status Desired		ot Applicable Additional
2		27	City & Charles				Fee R	equired
City & State 3	3	28	City & State			6. Election Campaign Financin Trust Fund Contribution		May Be to Fees
Zip	Countr	·	Zip	Count	ry	8. This corporation owes the c Personal Property Tax.	urrent year Intangible	
4	25 9. Name and Addre	29 ess of Current Registe				10. Name and Address of New		
	ce, Robert, A S. Calhoun Stree	T			1 Name 2 Street Add	Iress (P.O. Box Number is Not Acce	ptable)	
TALL	AHASSEE FL 32302	!		8	3			
				8	4 City		85 Zip	Code
11. Pursuant	to the provisions of Sec	tions 607.0502 and 607	7.1508, Florida Statutes	, the abo	ve-named con	poration submits this statement for t	FL ** **	s registered
office or re agent. I ar SIGNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed name	n, in the State of Florida ept the obligations of, S	applicable. (NOTE: R	horized t la Statute	ve-named corporates.	poration submits this statement for t ion's board of directors. I hereby ac ed when reinstating) ADDITIONS/CHANGES TO (he purpose of changing it cept the appointment as r	-
office or re agent. I an SIGNATURE 12.	egistered agent, or both m familiar with, and acc Signature, typed or printed name C PTD	n, in the State of Florida ept the obligations of, S e of registered agent and title if a	applicable. (NOTE: R	tegistered Ap	ove-named con by the corporat as.	ed when reinstating)	he purpose of changing it cept the appointment as r	DRS IN 12
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