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

Mailing Address

TAMPA FL 33609

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 260

26

27

28

29

508 SOUTH HABANA AVENUE

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

81 Name

82

83

84 City

13.

1.1 TITLE

1.2 NAME

2.1 TITLE

22 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

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30

DOCUMENT # 694392 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

HANA, MORRIS MD

TAMPA FL

508 SO HABANA, SUITE 260

HANAN, MORRIS, MD 508 S HABANA AVE

SUITE 260

**TAMPA FL 33609** 

MORRIS HANAN, M.D., P.A.

Principal Place of Business

508 SOUTH HABANA AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SUITE 260

21

22

23

24

Zip

SIGNATURE

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

C/TY-ST-ZIP

CITY-ST-ZIP

City-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

12.

TITLE

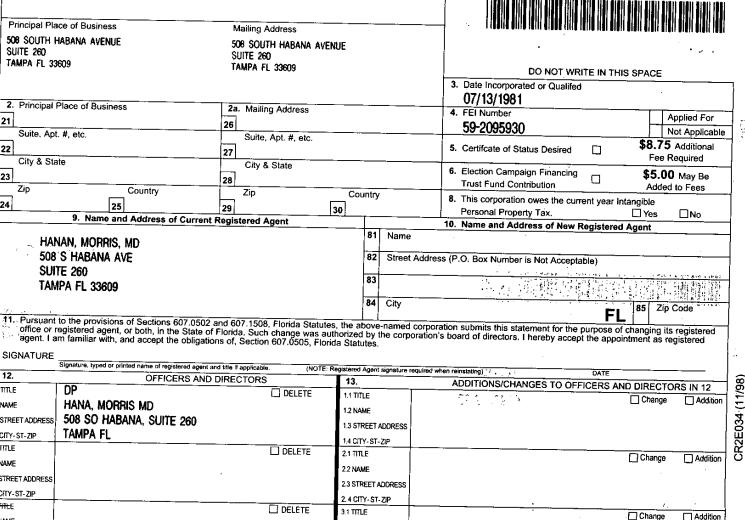
NAME

TITLE

TAMPA FL 33609

## FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90069 027 \*\*\*150.00



14. 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 Block 12 or Block 13 if changed, or on an attractment with an address, with all other fike empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 8/3-876-9/9/ Date Daylime Phone #

. Change

☐ Addition

☐ Addition

☐ Addition