## 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

## DOCUMENT # F91575 1. Corporation Name

DONNA C. CHACKO, M.D., P.A.

	<u> </u>						יושות ויפוע וויבוע וועוש וועוש וועום וווע ועספר ווווע שעמיו וווע שעני וווים ועוד אווים אוועבן אווים אווים אווים אווים וווים ווועבוע וווים ווועבוע אווים או
Principal Place	e of Business	M	Mailing Address				
8335 37 AVE N. 8335 37 AVE N.							
ST PETERSBURG FL 33710 ST PETERSBURG FL 33				į			DO NOT MIDITE IN THE COACE
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
							J
		1.0	6 6 11				07/19/1982 4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				59-2203784 Applicable
21			26				
Suite, Apt, #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
22			City & State				
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				
Zip	´	-	, ` ,	30	u i i i		8. This corporation owes the current year Intangible Personal Property Tax.   ☐ Yes ☐ No
24	25   9. Name and Address of Curren	29		30	_		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	r veði	istered Agent		81	Name	10. Humb and Address of New Adgress of Agents
CHACKO, DONNA C.							
8335 37 AVE N. ST PETERSBURG FL 33710					82	2 Street Address (P.O. Box Number is Not Acceptable)	
					83		
• • •					"		·
					84	City	85 Zip Code
					للل	<u> </u>	FL N
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Flor	າວa. Such change was at	<b>JUNOLIZE</b>	eo by	tne corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered ager				<u> </u>	t signature requ	equired when reinstating) DATE
12.	OFFICERS AN	D DIR		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST COUNTY OF AIR		☐ DELETE		TITLE		Change C Addition
NAME	CHACKO, DONNA C, MD				NAME	j	
STREET ADDRESS				1.3 5	STREET	ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL			1.4 (	CITY-\$1	Γ-ZIP	
TITLE			☐ DELETE	2.1	TITLE	ŀ	☐ Change ☐ Addition
NAME				2.21	NAME	. 1	·
STREET ADDRESS				2.3	STREET	FADDRESS	
CITY-ST-ZIP				2.4	CITY-S	.T-ZIP	·
TITLE			☐ DELÉTE	3.1	TITLE		Change → ☐ Addition
NAME				3.21	NAME		
STREET ADDRESS				3.3	STREET	T ADDRESS	
CITY-ST-ZIP	}			3.4.	CITY-S	T-ZIP	<u>*</u>
TITLE			☐ DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME				4.2	NAME	1	
STREET ADDRESS				4.3	STREET	TADDRESS	
CITY-ST-ZIP					CATY-S		
TITLE			☐ DELETE	_	TITLE		Change Addition
NAME			<u> </u>		NAME	ļ	
				5.3	STREET	FADDRESS	• •
STREET ADDRESS					CITY-S		
CITY-ST-ZIP			☐ DELETE		TITLE		☐ Change ☐ Addition
TITLE			□ occet€		NAME	}	☐ Onling ☐ Notice!
NAME				6.2	NAME	1	

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 officer or director of the corporation or the receiver or 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 chapted, or one a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90093 011 \*\*\*150.00