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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92995

(2)

## FILED Mar 09 1998 8:00am Secretary of State

	/ID GILMER, M.D., P.A.	J (2)			
Principal Place	e of Business	Mailing Address		1 1421148 (1/4 14116 11219 12119 12119 1411 4111 4111 4111 4	ichti Athit Athit Albit Gibit 1831
500 VONDERBURG DRIVE. SUITE 302 500 VONDERBURG		* WILLIAM DAVID GILM			
		500 YONDERBURG DRIVE. SUITE 302		DO NOT WRITE IN THIS SPACE	
BHANDUN FL	33511	BRANDON FL 33511		3. Date Incorporated or Qualified	NO OF MOL
				08/02/1982	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2219587	Not Applicable
Suite Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
13		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
4	[25]	[29]	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
	MER, WILLIAM DAVID		bi Naine		
	VONDERBERG DRIVE, SUITE (	302	82 Street Add	iress (P.O. Box Number is Not Acceptable)	
BRA	ANDON FL 33511		83		
			63		
			84 City	- 101	65 Zip Code
44.6		20 0 0 0 0 0 7 4 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		rporation submits this statement for the purpos	L BS Zip code
office or re agent. Far	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE.	Signature, typed or product name of registered ag	pent med fear if applicable (NO	IL: flirgistored Agent signature requ	ired when rainstating) DAT	E
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TIFLE	PD	☐ DELETE	1.1 TITLE		Change  Addition
NAME	GILMER, WILLIAM DAVID		1.2 NAME		
STREET ADDRESS	2109 N. DUNDEE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE		[] DELETE	2.1 TITLE		
NAME					Change Addition
			2.2 NAME		Change Addition
STREET ADDRESS			22 NAME 23 STREET ADDRESS	-	_, <u> </u>
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D-1	
CITY-ST-ZIP		DELETE	2 3 STREET ADDRESS	7-	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	z. ·	
CITY-ST-ZIP TITLE NAME		DELETE	2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 HILE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	7	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS	7	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	7	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 VILE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	7. 1	Change Addition
CITY-ST-ZIP  UTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  UTLE  NAME  STREET ADDRESS		DELETE	2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	5	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS		DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	7.	Change Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS		DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	2·	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 HILE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP		DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 FILE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition Change Addition Change Addition
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 HILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 HILE 6.7 NAME 6.8 STREET ADDRESS 6.9 CITY-ST-ZIP 6.1 HILE 6.1 TITLE		Change Addition Change Addition Change Addition

I. I hereby certify that the information supplied with this filing does not qualify for the exomption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied mental 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 changed, or you an altashment with an address.
WWAN DAVID GUMA.

SIGNATURE:

Villa Dard Ste

813-681-3434