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\* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G06705

Principal Place of Busine
3000 E FLETCHER AVE C/O DANIEL SCHWARTZ TAMPA FL 33613

## **FILED** Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90030 017 \*\*\*150.00

DANIEL J. SCHWARTZ, M.D., P.A				
Principal Place of Business	Mailing Address		1 100 1111 2011 00110 31111 10311 4319 4111 012	() 01511 01011 01011 01011 01011 (CO.
3000 E FLETCHER AVE C/O DANIEL SCHWARTZ TAMPA FL 33613	3000 E FLETCHER AVE C/O DANIEL SCHWARTZ TAMPA FL 33613		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
	2a. Mailing Address		11/01/1982 4. FEI Number	Applied For
2. Principal Place of Business	<del></del>		59-2228410	Not Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29	30	Personal Property Tax.	Yes No
9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
SCHWARTZ, DANIEL J.			, ·	
3000 E. FLETCHER AVE, STE. 270	)	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33613		83		
		84 City		85 Zip Code
	COO COT 1500 Florido Stotu	too the above named s	amoration submits this statement for the surnoce	of changing its registered
agent. I am familiar with, and accept the obl	ite of Florida. Such change was a igations of, Section 607.0505, Fk	orida Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	
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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 repetiver 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 on an attachment with an address, with all other like empowered.

SIGNATURE: