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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H25757

DAVID N.		IM, M.D., P.A.										
Principal Place	of Business	· · · · · · · · · · · · · · · · · · ·	Mailing	Address				}	••••	_		
% DAVID N. GREENBLUM. M.D. 805 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796			% DAVID N. GREENBLUM. M.D. 805 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796					DO NOT 3. Date Incorporated or Qua	WRITE IN THIS	SPACE		
								10/15/1984				
O Dringing His	ace of Business		2a. Mail	ing Address	• ***			4. FEI Number			Appli	ied For
Z. Principai Fia	ace of business		26					59-2453919				Applicable
Suite, Apt. #	# etc			e, Apt. #, etc.	, ,			5. Certificate of Status Desi	red 🗆			ditional
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City & State				& State				6. Election Campaign Finar	ncing 🗆			lay Be
23		•	28					Trust Fund Contribution			ed to	Fees
Zip		Country	Zip		Count	try		8. This corporation owes th	ne current year In	tangible V Yes	_	□No
24	25		29		30			Personal Property Tax.	Name of the state			7140
	9. Name and	Address of Curren	t Registered	Agent				10. Name and Address of	New Kegistered	Agent		
					8	31 N	ame		<u></u>			
GREE	ENBLUM, DAV CENTURY MEI	ID N., M.D. DICAL DR			8	32 S	treet Addre	ess (P.O. Box Number is Not A	(cceptable)			
	SVILLE FL 327				8	33			等門議議			
, -		F v			8	84 C	ity		FI	* 85	Zip Co	xde * *
office or re	m familiar with,	and accept the obliga	tions of Sec	tion 607.0505, Flo	rida Statut	tes.		oration submits this statement to on's board of directors. I hereby				egistered istered
signature	m tamınlar willi, i	inted name of registered ager	nt and title if applie	cable. (NOTE	rida Statut :: Registered A	tes.		d when reinstating)	DATE			
signature	Signature, typed or pi	and accept the obliga	nt and title if applie	cable. (NOTE	: Registered A	les. Igent sig		d when reinstating)	DATE		CTOR	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: