FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90207 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **H36385**

1. Corporation Name

CHARLES R. ANTHONY, M.D., P.A.

												1 11 111 112 11 111 113 113 113 1	
Principal Plac	e of Business	Mailing Address				٦	1 10	11811 BIBS 11	1111		1111 W19 11 W1	#11 #1211 #1E11) en e.e., 185.
5539 MARINE I	PARKWAY	5539 MARINE PARKWAY											
P O BOX 1175		P O BOX 1175				DO MOT MENT 111 THE ST. OF							
NEW PORT RICHEY FL 34652		NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
							Date Inc 01/01/		d or Quali	ifed			
2. Principal P	Place of Business	2a. Mailing Address				1	El Nun					Ar	oplied For
21		26					59-247	<u> 19114 </u>				No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 . C	Certifcat	e of Stati	us Desire	d []	\$8.75 Fee Re	Additional equired
City & State		City & State				6. E	lection	Campaic	n Financi	ing _		\$5.00	May Be
23		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees							
Zip	Country	Zip Country				8. T	his cor	poration	owes the	current	year Inta	ingible	
24	25	29	30			F	ersona	Property	у Тах.			Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. N	Name a	nd Addr	ess of Ne	w Regi	stered /	Agent	
				81	Name								į
	HONY, CHARLES R. M.D.			82	Street Addr) Boy I	dumbar i	e Not Aco	aldetna:			
	9 MARINE PARKWAY			02	Street Addit	ess (F.C	J. DUX 1	tulliber is	3 NOT ACC	epidole,	,		1
NEV	V PORT RICHEY FL 34652			83									<u></u>
				-							<u>'</u>		2000
				84	City						FL	85 Zip	Code
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obligations of the state of the stat	of Florida. Such change wa tions of, Section 607.0505,	s authorized Florida Stat	d by thutes.	he corporation	on's boa	ard of di	ectors. I	hereby a	ccept tn	e appoin	tment as re	gistered
12.		D DIRECTORS	13.					NS/CHAN	VGES TO	OFFICE	ERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 11	πE					<u></u>			Change	Addition
NAME "	"ANTHONY, CHARLES R. M.D.		1.2 N	AME.					~ .			,,	
STREET ADORESS	CALT MEATALIANE AND		1		ADDRESS 5	539	m	irne	Park y, FL	way			
CITY-\$T-ZIP	NEW PORT RICHEY FL		1	ПY-ST-	71P N	الماعا	Pact	Rich	v. Fi	. 30	1652		1
TITLE	11277 1 0777 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.1 77		<u>-</u> "		,		//			☐ Change	☐ Addition
NAME			2.2 N										
STREET ADDRESS	·												1
					NUDDERS								- 1
CITY-ST-ZIP	Į.				ADDRESS					•			
		. – . □ DELETE	2.40	ITY-ST				<u> </u>				Change	Addition
NAME CTOCET ADDRESS		☐ DELETE	2. 4 C	TLE						• 		Change	Addition
STREET ADDRESS		DELETE	2.4 C 3.1 TI 3.2 N	CITY-ST- ITLE AME	ZIP	_		<u>-</u> -				☐ Change	☐ Addition
		□ DELETE	2. 4 C 3.1 TI 3.2 N 3.3 S	TLE AME TREET	ZIP ADORESS			<u></u>		• •		Change	☐ Addition
CITY-ST-ZIP			2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C	TLE AME TREET A	ZIP ADORESS	_						Change	Addition Addition
TITLE		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI	CITY-ST- TLE AME TREET A CITY-ST- TLE	ZIP ADORESS					•			
TITLE NAME			2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	CITY-ST- TILE AME TREET A CITY-ST- TILE MAME	ZIP ADDRESS ZIP								
TITLE NAME STREET ADDRESS			2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	CITY-ST- TLE AME TREET A CITY-ST- TLE HAME TREET A	ADDRESS ADDRESS					•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	CITY-ST- TLE AME TREET A CITY-ST- TLE HAME TREET A	ADDRESS ADDRESS					•		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	TITY-ST- TLE TREET A TITLE TAME TREET A TITLE TREET A TITLE TREET A	ADDRESS ADDRESS					•			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N	CITY-ST- TILE AME TREET A CITY-ST- TILE IAME TREET A ITY-ST- TILE AME	ADDRESS - ZIP ADDRESS - ZIP ADDRESS ZIP							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N	CITY-ST- TILE AME TREET A TILE TREET A TITY-ST- TILE AME TREET A TITE AME	ADDRESS ADDRESS ADDRESS ZIP ADDRESS					•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	CITY-ST- TILE AME TREET A CITY-ST- TILE AME TREET A TITY-ST- TILE AME TREET A	ADDRESS ADDRESS ADDRESS ZIP ADDRESS					•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 C 3.1 Ti 3.2 Ni 3.3 S 3.4 C 4.1 Ti 4.2 Ni 4.3 S 4.4 C 5.1 Ti 5.2 Ni 5.3 S 5.4 C 6.1 Ti	CITY-ST- TILE AME TREET A TILE IAME TREET A TILE AME TREET A TILE TREET A TILE TREET A TILE TREET A	ADDRESS ADDRESS ADDRESS ZIP ADDRESS					•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N	ITY-ST. TILE AME TREET A TILE IMME TREET A TILE AME TREET A TILE AME TREET A TRE	ADDRESS ADDRESS ADDRESS ZIP ADDRESS					•		☐ Change	Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP