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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name H62733 SCHOULTZ & ALAGNA, M.D.'S, P.A. (1)

**FILED** Mar 06 1998 8:00am Secretary of State

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13906 LAKESHOR BLVD. SUITE 320	Principal Plac	ce of Business	Mailing Address		I PORTONI OND DINIO NORM NOBELL AND
2. Principal Pilaco of Business   2a. Mailely Address   4. FET Number   3. Date Incorporation of Vaulified   37/01/1885   3. Date Incorporation of Value Desired   37/01/1885   3. Date Incorporation of Value Desired   37/01/1885   3. Date Incorporation of Value Desired   38/07 Address   58/07 Add				SUITE 320	
2.   Principal Place of Business   2.   Mailing Address   2.   Mailing Address   3.   PET Name   3.   Pet Na	HUDSON FL	. 34667	HUDSON FL 34667		DO NOT WRITE IN TUIC COACE
2					
2					1
Suite, Apt. #. etc.	2. Principal F	Place of Business	2a. Mailing Address		
Suito, Apt #, otc   Carping the corporation of Status Desired   S8.75 Additional Fee Required   City & Statu	21		<u>-</u>		
27	Suite, Apt	#, etc.			SR 75 Additional
22 Country 28   7th   Country 30   7th   7t	22				Fee Required
Zep	<u></u>	te	City & State		, , , , , , , , , , , , , , , , , , , ,
28					
10. Name and Address of Nam Registered Agent   10. Name and Address of Name and Name		<u> </u>	h	<del></del>	
JAMES P. HINES, ESQUIRE HINES & PAGE, P.A. 315 HYDE PARK AVENUE TAMPA FL 33606  82 Sirrest Address (P.O. Box Number is Not Acceptable)  83 Sirrest Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 Cit	241			30	
HINES & PAGE, P.A. 315 HYDE PARK AVENUE TAMPA FL 33608  82  84 City  FL 85 Zip Code  111. Presuent to the provisions of Sections 607 000 and 607 1508. Florids Statute. The above-named corporation submits this statement for the purpose of changing its registered agont, or both in the Statu of Ferids. Such change was authorized by the corporation's submits this statement for the purpose of changing its registered agont. I am familiar with an discoper the originations of, Section 607 000, Florids Statutes.  SIGNATURE  Signature by let or pretint time of province and province in the state of Ferids. Such change was authorized by the corporation's abmits this statement for the purpose of changing its registered statutes.  SIGNATURE  DELETE 11 TITLE  DELETE 11 TITLE  DELETE 21 TITLE  STO  DELETE 21 TITLE  DELETE 21 TITLE  DELETE 31 TITLE  DELETE 31 TITLE  DELETE 31 TITLE  DELETE 41 TITLE  DELETE 41 TITLE  DELETE 41 TITLE  DELETE 41 TITLE  DELETE 51 T				81 Name	10, Name and Names of the Hogistales Agent
315 HYDE PARK AVENUE TAMPA FL 33808  84 City FL 85 Zip Code  11. Pursuent to the provisions of Sections 607 05:07 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agont, or both, in the Statu of Fixeds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or hereby accept the appointment as registered agont, agont accept the or hereby accept the appointment as registered agont, agont accept the appointme			•		
STAMPA FL 33606				82 Street Addr	ress (P.O. Box Number is Not Acceptable)
SIGNATURE    A				83	
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, and accept the obligations of, Section 607.05:05, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OF ITECH IS AND DIRICTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OP OFFICERS AND DIRICTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OP OFFICERS AND DIRICTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OP OFFICERS AND DIRECTORS IN 12  TITLE  STD ALAGNA, MARK A.  13906 LAKESHORE BLVD.  HUDSON FL  14.CITY-ST-2IP  TITLE  DELETE  1.1TILE  1.2 TITLE  1.2 TITLE  1.3 TITLE  2.3 TITLE  3.3 TITLE  3.3 TITLE  4.1 TITLE  4.1 TITLE  4.2 TITLE  4.3 TITLE  4.4 TITLE  5.5 TITLE	· ·			21 27	
SIGNATURE				84 City	FL 85 Zip Code
SIGNATURE	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its registered
SIGNATURE	office or agent. I s	registered agent, or both, in the State am familiar with, and accept the oblig	e of Horida. Such change was a pations of, Section 607.0505, Flo	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby accept the appointment as registered
12.					
TITLE NAME SCHOULTZ, NILS A. 13906 LAKESHORE BLVD 1.5 TREET ADDRESS 1.5 STREET ADDRESS 1.					
NAME   SCHOULTZ, NILS A.   13906 LAKESHORE BLVD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.5 CTANGE   1.5 STREET ADDRESS   1.5 CITY-ST-ZIP   1.5 CTANGE   1.5 STREET ADDRESS   1.5 CITY-ST-ZIP   1.5 CTANGE   1.5 STREET ADDRESS   1.5 CTANGE					
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NAME   STREET ADDRESS   13908 LAKESHORE BLVD.   23 STREET ADDRESS   24 CITY-S1-ZIP			DELETE	·- <del></del>	Change Addition
STREET ADDRESS   13906 LAKESHORE BLVD.	NAME	ALAGNA, MARK A.		2.2 NAME	
TITLE	STREET ADDRESS			2.3 STREET ADDRESS	
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  61 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  61 TITLE  ADDRESS  CHY-ST-ZIP  TITLE  DELETE  62 NAME  62 NAME	CITY-ST-ZIP	HUDSON FL		2. 4 CITY - ST - ZIP	
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP	NAME			3.2 NAME	
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NAME		<u></u>			
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			Occur.		
CITY-ST-ZIP 6.4 CHY-ST-ZIP					

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 supplimental 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 origin attachment with an address.