

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 003 ***150.00

DOCUMENT # H74786

Corporation Name
JAMES O. BROOKINS, M.D., P.A.

Principal Place of Business

JAMES O. BROOKINS, M.D.
1 N HABANA AVE. S202
PA FL 33614

Mailing Address

% JAMES O. BROOKINS, M.D.
4728 N HABANA AVE. S202
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1985

4. FEI Number

59-2562115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROOKINS, SANDRA, WITSELL
812 W. BUFFALO AVENUE SUITE #201
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name Brookins, Sandra, WITSELL

82 Street Address (P.O. Box Number is Not Acceptable)

83 4728 North Habana Ave Ste 202

84 City Tampa

FL

85 Zip Code 33604

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS PD
ST-ZIP BROOKINS, JAMES O.
4728 N. HABANA AVE., #202
TAMPA FL 33614 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS V
ST-ZIP BROOKINS, SANDRA, W
4728 N. HABANA AVE., #202
TAMPA FL 33614 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

GNATURE:

SIGNATURE REQUIRED

729.99

CR2E034 (5/99)

James O. Brookins, M.D., P.A.

Internal Medicine



H 74786
613815-9003

August 31, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. BOX 1500
Tallahassee, Florida 32302-1500

Re: James O. Brookins, M.D., P.A.
Document # : H74786

Dear Sir/Madam;

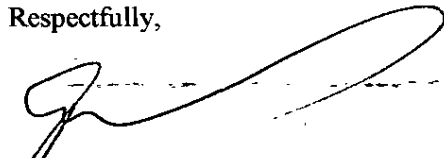
Please find the enclosed check for \$150.00 and the completed 1999 Profit Corporation Annual Report.

The reason we failed to file a timely annual report is that we had not received the initial one in the mail. The enclosed second notice report is the first and only correspondence we received.

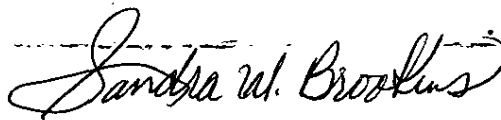
Therefore, we respectfully request you to accept the enclosed check and abate all penalties associated with the failure to file the 1999 report timely.

Thank you for your consideration.

Respectfully,



James O. Brookins, M.D.
President



Sandra W. Brookins
Vice President

JOB/vj