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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name J19456

THOMAS M. KROPP, M.D., P.A.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90010 023 ***150.00



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Principal Place	e of Business	Mailing Address					MENT MINIT DEDIC DEDES MENTS O	
% THOMAS M. KROPP % THOMAS M. KROPP								
305 EAST NEW YORK AVENUE 305 EAST NEW YORK AVEN			NUE	UE		DO NOT WOLF	IN THIS SOACE	
DELAND FL 32724 DELAND FL 32724						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						06/16/1986		
0. 50 - 10	In and Business	2a. Mailing Address				4. FEI Number	An	plied For
	lace of Business	— ·				59-2686037	. —	t Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.					\$8.75	
_	#, 6 10.	27				5. Certifcate of Status Desired	Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curren	t year Intangible	
24	25	29	30			Personal Property Tax.	ŬYes	□No
2-4	9. Name and Address of Currer		11	T		10. Name and Address of New Reg	gistered Agent	
-	50 80 70 3			81	Name			
	PP, THOMAS M.			82	Stroot Add	ress (P.O. Box Number is Not Acceptable	A) .	
305 EAST NEW YORK AVENUE				62	Street Add	iless (F.O. BOX Number is Not Necopiasi	and an old to be a sign	الماقد الموس وال
DEL	AND FL 32724			83			编队员会验员	3 3 1 1 2
					0:6		85 Zip (Code
	•			84	City			Lode .
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	orida Stat	tutes.	ine corporat	ion's board of directors. I hereby accept t	the appointment as re-	giotoroo
SIGNATURE	Stonature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	d Agent	t signature requir	red when reinstating).	DATE	
	Signature, typed or printed name of registered age OFFICERS AI	nnt and title if applicable. (NOTE	Registered		t signature requir	ed when reinstating). ADDITIONS/CHANGES TO OFFIG		ORS IN 12
SIGNATURE 12. TITLE		(care			t signature requir			DRS IN 12
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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 receive 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: