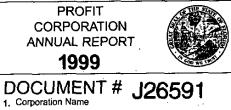
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

THOMAS J. CRAWFORD, M.D., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90088 036 ***150.00



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Principal Place	of Business	M	ailing Address				- I SOUTION BEIN HOLD ALIAN MAIN AND AND AND AND AND AND AND AND AND AN)	1 8181) 81	AND DING		
1905 HAVERFOL	RD	190	05 HAVERFORD			÷	1					
105			105				TO MOTIVIPITE IN TURO OPAGE					
SUN CITY FL 33573 SUN CITY FL 33573							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
U\$,					07/28/1986					
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ц	Appli	ed For	
21		26					59-2707411		لـلـِ		Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required				
City & State		City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	201	Zip	Cou	ntry		8. This corporation owes the current ye.	ar Intar	gible			
24	25	29	•	30	·		Personal Property Tax.		X.Yes		No	
	g. Name and Address of Current		itered Agent		П		10. Name and Address of New Registe	red A	jent			
	•				81	Name						
CRAWFORD, THOMAS J., M.D. 1905 HAVERFORD, STE 105					82	Street Addr	ess (P.O. Box Number is Not Acceptable)					
	CITY FL 33573				83							
					84	City			85 2	Zip Co	ode	
					ĺ	1	poration submits this statement for the purpo	FL	1			
agent, I a	m familiar with, and accept the obligat	ions of	, Section 607.0505, F	iorida Stat	utes	·. 	on's board of directors. I hereby accept the and when reinstating) DA					
12.	OFFICERS ANI	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICER					
TITLE	PD		☐ DELETE	1.1 Ti	TLE				Chan)ge	Addition	
NAME	CRAWFORD, THOMAS J.			1.2 N	AME						ļ	
STREET ADDRESS	1905 HAVERFORD, STE 105			1.3 \$	TREE	T ADDRESS]	
CITY-ST-ZIP	SUN CITY FL			1.4 C	πγ-s	T-ZIP						
TITLE	SD		☐ DELETE	2,1 TI	TLE				Chan	ige	☐ Addition	
NAME	CRAWFORD, MONICA M.			2.2 N	AME		٠					
STREET ADDRESS	1905 HAVERFORD, STE 105			2.3 5	TREE	T ADDRESS					}	
CITY-ST-ZIP	SUN CITY FL			2.40	ПΥ- 8	ST-ZIP						
TITLE			☐ DELETE	3.1 T	MLE	÷	•	• •	Chan	ıдө	Addition	
NAME ·				3.2 N	AME						-	
STREET ADDRESS				3.3 \$	TREE	TADDRESS						
CITY-ST-ZIP					_	ST-ZIP			<u> </u>			
ΠLE			☐ DELETE	4,1 7		1			Char	ige	☐ Addition	
NAME					IAME							
STREET ADDRESS				4.3 S	TREE	T ADDRESS					}	
CITY-ST-ZIP						T-ZIP					TT Addition	
TITLE			☐ DELETE	5.1 T			•		[] Char	ige	Addition	
NAME				5.2 N		* 4000000	•				{	
STREET ADDRESS	}					T ADDRESS					1	
CITY-ST-ZIP						iT-ZIP			[] Cho		☐ Addition	
TITLE			☐ DELETÉ	6.1 T				•	Char	iye	☐ Modifion }	
NAME .	}			6.2 N		DODE-00					1	
STREET ADORESS						T ADDRESS					ļ	
	1			■ 64C	IIY-C	1_71 2						

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 part of the corporation of

SIGNATURE:

CR2E034 (11/98)