Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90087 006 ***150.00

FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	J40466
4 O		0 10 100

Corporation Name

THOMAS A. DLABAL, M.D., P.A.

Principal Place	e of Business	Mailing Address	_		.,-		Didii acaci didii 21011 at	### #####
928-D MARWALT DR FORT WALTON BEACH FL 32547		928-D MARWALT DR. FORT WALTON BEACH F US	FORT WALTON BEACH FL 32547		DO NOT WRITE IN	THIS SPACE		
US		03				3. Date Incorporated or Qualifed		
						10/30/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				59-2756238	· Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22 City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	Mav Be
23		28				Trust Fund Contribution	Added to	•
Zip	Country	Zip	Col	untry		8. This corporation owes the current ye	ear Intangible	
24	25	29	30		_	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		\		10. Name and Address of New Regis	tered Agent	
Di AE	DAI THOMAC A			81	Name			
DLABAL, THOMAS A 928-D MARWALT DR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
FOR	T WALTON BEACH FL 32547			83	····	- 1		
				84	City		FI 85 Zip C	Code
44 5	607.050	2 and 607 4500. Florido Stal	huton than	abovo.	named corn	oration submits this statement for the purpo	• -	registered
office or r	registered agent, or both, in the State (of Florida. Such change was	: authorize	ed by tr	ne corporatio	on's board of directors. I hereby accept the	appointment as rec	jistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, F	-londa Sta	tutes.				
SIGNATURE	Signature, typed or printed name of registered agen	d and title if annicable (NC	TF: Registere	d Agent s	signature required	d when reinstating) D/	ATE	
12.		D DIRECTORS	13.		organization is a quality	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	MLE			Change	☐ Addition
NAME	DLABAL, THOMAS A., M.D.		1.2 N	AME				
STREET ADDRESS	928-D MAR WALT DR.		1.3 S	STREET A	ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 0	CITY-ST-	ZIP			
TITLE		DELETE	2.1 T	ITLE			Change	☐ Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 8	STREET	ADDRESS			
CFTY-ST-ZIP			2.40	CITY-ST-	- ŽIP			
TITLE		☐ DELETE	3.1 T	TTLE			Change	☐ Addition
NAME			3.2 N	MAME				
STREET ADDRESS			3.3 9	STREET A	NODRESS		•	
CITY-ST-ZIP			3.4. 0	CITY-ST-	-ZIP			
TITLE		☐ DELETE	4.1 T	TITLE			Change	☐ Addition
NAME	-		4, 21	NAME				
STREET ADDRESS			4.3 5	STREET A	ADDRESS			
CITY-ST-ZIP			4.4 0	CITY-ST-	ZIP			
TITLE		☐ DELETE		TITLE			Change	☐ Addition
NAME				MAME	1			
STREET ADDRESS			5.3 8	STREET	ADDRESS			
CITY-ST-ZIP				CITY-ST-	ZIP			
TITLE		☐ DELETE		ITTLE			☐ Change	☐ Addition
NAME			6.2 N	NAME				
STREET ADDRESS			6.3 5	STREET	ADDRESS			
	i		■		1			

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.

SIGNATURE:

HATURE AND TYPED OF PRINTED HAME BY SIGNING OFFICER OR DIRECTOR

e Daytime Phone #

(25034 (11/98)