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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90006 005 \*\*\*158.75

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J74385

Principal Place of Business

NEWPORT AND ALBERTINI, M.D.'S, P.A.

1860 SHARPE LANE PALM HARBOR FL 34683		1860 Sharpe Lane Palm Harbor Fl. 34683						
					DO NO	T WRITE IN T	HIS SPACE	
					<ol> <li>Date Incorporated or Q 05/20/1987</li> </ol>	ualifed	<del>-</del>	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26			59-2777199			Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status De	sired		Required
City & Sta	te	City & State			6. Election Campaign Fina	ancing.	·	0 May Be
23		28			Trust Fund Contribution	• 11	•	<b>U</b> мау ве d to Fees
Zip	Country	Zip	Countr	у				- 10 1 000
24 25		29 30		This corporation owes the current year Intangible     Personal Property Tax.				
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of	New Register	red Agent	
000	NATE AND DEAT I IS		81	1 Name				
	ONITE, ANDREW J., JR.		82	2 Ctennt Add	toon (D.O. Davidson in No.	A 4 11 3		
	O CLEVELAND STREET		04	Z Sireet Add	fress (P.O. Box Number is Not A	Acceptable)		
	TE 4002		83	3	Villa in its			1 121 121 131
CLE	ARWATER FL 34616				<u>。                                    </u>		图 納口別 道	
			84	4 City			1 85 Zir	Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Florida Statutes	s, the abov	/e-named con	poration submits this statement	for the purpose	of changing i	te registered
office or i	registered agent, or both, in the St	.0502 and 607.1508, Florida Statutes tate of Florida, Such change was aut ligations of Section 607.0505, Florid	horized by	the corporat	ion's board of directors. I hereb	accept the ap	pointment as	registered
anent I s		Augaliums of the clium bor Jubub, Flum	ia Statute:					•
agent. I a	Warnst	and the second		<b>.</b>		•		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F			ed when reinstaling)	DATE		
SIGNATURE	Signature, typed or printed name of registrated OFFICERS	d agent and title if applicable. (NOTE: F	legistered Age		ed when reinstating) †	DATE	AND DIRECT	
SIGNATURE  12. TITLE	Signature, typed or printed name of required OFFICERS	agent and title if applicable. (NOTE: F	legistered Age		ed when reinstating)	DATE		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of required OFFICERS  DPS  NEWPORT, MARY T.	d agent and title if applicable. (NOTE: F	legistered Age	ent signature require	ed when reinstating) †	DATE	AND DIRECT	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reactived OFFICERS DPS NEWPORT, MARY T. 1860 SHARPE LANE	d agent and title if applicable. (NOTE: F	13. 1.1 ȚITLE 1.2 NAME	ent signature require	ed when reinstating) †	DATE	AND DIRECT	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of required OFFICERS  DPS NEWPORT, MARY T. 1860 SHARPE LANE PALM HARBOR FL	d agent and title if applicable. (NOTE: F. AND DIRECTORS	13. 1.1 ȚITLE 1.2 NAME	ent signature requin	ed when reinstating) †	DATE	AND DIRECT	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reactived OFFICERS  DPS NEWPORT, MARY T. 1860 SHARPE LANE PALM HARBOR FL DT	d agent and title if applicable. (NOTE: F	13. 1.1 ȚITLE 1.2 NAME 1.3 STREE	ent signature requin	ed when reinstating) †	DATE	AND DIRECT	e
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of reactived OFFICERS  DPS NEWPORT, MARY T. 1860 SHARPE LANE PALM HARBOR FL  DT NEWPORT, STEVEN	d agent and title if applicable. (NOTE: F. AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requin	ed when reinstating) †	DATE	AND DIRECT	e
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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 receiver or this see 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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727 733-6723