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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE:

SIGNATURE AND TYPE GOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**K43610** 

(0)

| DOCUMENT # K43610 (0)  1. Corporation Name  HARTMAN, LARIMORE & SHUPE, M.D., P.A.  |   |  |                                      |                                     |  |  |                       |  |                       |                  |  |   |
|--|---|--|--------------------------------------|-------------------------------------|--|--|-----------------------|--|-----------------------|------------------|--|---|
| include Dispose  | f Business  |  | Mail                                 | ing Address                         |  |  |                       | -{   |                       |                  |  |   |
| rincipal Ptace of Business % JOHN R. HARTMAN M.D. 825 E OAK ST KISSIMMEE FL 34744 US   |   |  | % JOHN R. HARTMAN M.<br>825 E OAK ST |                                     | M.D.   |  |                       |  |                       |                  |  |   |
|  |   |  |                                      | KISSIMMEE FL 34744<br>US            |  |  |                       | 3. Date Incorporated or Qualified                  |                       |                  |  | ,   |
| Principal Plac   | ce of Business  |  | 2a. I                                | Mailing Address                     |  |  |                       | 4. FEI Number                                      |                       |                  | h                                      | Applied For                                   |
|  |   |  | 26                                   |                                     |  |  |                       | 59-2909828   | <del></del>           |                  |  | Not Applicable  Additional                    |
| Suite, Apt. #  | , etc.  |  | 27                                   | Suite, Apt. #, etc.                 |  |  |                       | 5. Certificate of Status Desired                   | 1 🗆                   |                  | •                                      | Required                                      |
| City & State   |   |  |                                      | City & State                        |  |  |                       | 6. Election Campaign Financin                      | ng 🗀                  |                  | \$5.0                                  | <b>0</b> May Be                               |
|  |   |  | 28                                   |                                     |  |  |                       | Trust Fund Contribution                            |                       |                  |  | d to Fees                                     |
| Zip  |   | Country  | <b>⊢</b> ~η                          | Zφ                                  | Coun   | try  |                       | 8. This corporation has liability Florida Statutes | / for intang<br>Yes □ |                  | under s                                | 199.032,                                      |
|  | 25 D. Namo est  | Address of Current   | 29<br>Registe                        | ered Agent                          | 30   |  |                       | 10. Name and Address of No                         |                       |                  | gent                                   |   |
|  | y, wante and  | Address of Culton  | negion                               | rea rigoni                          |  | 31 Nam   | <del></del>           |  | <del>-</del>          | ,                |  |   |
| HARTMA   | IN, JOHN R.   |  |                                      |                                     | -  | 32 Stree   | t Addre               | ess (P.O. Box Number is Not Acce                   | eptable)              |                  |  |   |
| 825 E O  |   |  |                                      |                                     |  |  |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | · · · · · ·           |                  |  |   |
|  | IEE FL 34744  |  |                                      |                                     | 1  | B3   |                       |  |                       |                  |  |   |
|  |   |  |                                      |                                     | Ī  | 84 City  |                       |  |                       | FL               | 85 Z                                   | ip Code                                       |
| or registers   | ed accept or bot  | in the State of Florida  | - Comb                               | I Alexander                         |  |  |                       | ation submits this statement for the               | aopointr              | nent as r        | egisterə                               | d agent. I am                                 |
| familiar witt<br>GNATHEE   | h, and accept th  | ne obligations of, Section   | on 607.U                             | 1505, Florida Statutes              | S.   | prporation   | s Doard               | g of birectors. Thereby accept the                 |                       | DATE             |  |   |
| familiar with  | h, and accept th  | ne obligations of, Section<br>internation of registered agent a<br>OFFICERS AND                        | on 607.U                             | plicatile (NC                       | S.   | prporation   | s Doard               | when revisitating.  ADDITIONS/CHANGES TO           |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| familiar witl  | h, and accept th  | ne obligations of, Section integration of registered agent a   | on 607.U                             | plicatile (NC                       | S.<br>OTE Registered   | orporation<br>Agent signatu  | s Doard               | when reinstating)                                  |                       | DATE<br>RS AND   |  | ORS IN 12                                     |
| familiar with  | h, and accept the signature, typed or property of the PT HARTMAN                  | obligations of, Section of registered agent a OFFICERS AND JOHN R., M.D.                               | on 607.U                             | plicate (NC                         | 13.<br>1 1 1111<br>1 2 NA  | orporation<br>Agent signatu<br>LE  | s Doard               | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| familiar with GNATURE  | h, and accept the signature, typed or property of the PT HARTMAN 601 E OAL        | obligations of, Section of registered agent a OFFICERS AND JOHN R., M.D. K STREET #A                   | on 607.U                             | plicate (NC                         | 13.<br>1 1 1 1 1 1 1 1 1 1 3 STF   | Agent signatu<br>LE<br>ME<br>REET ADDRES   | s Doard               | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| familiar with  | PT HARTMAN 601 E OAL KISSIMME   | obligations of, Section of registered agent a OFFICERS AND JOHN R., M.D. K STREET #A                   | on 607.U                             | SUS, FIORIDA STATUTES  FORS  DELETE | 13.<br>1 1 1 179<br>1 2 NAI<br>1 3 STE   | Agent signatu<br>LE<br>ME<br>REET ADDRES<br>Y-SI-ZIP   | s Doard               | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| familiar with  | PT HARTMAN 601 E OAI KISSIMME   | OFFICERS AND JOHN R., M.D. K STREET #A E FL  | on 607.U                             | plicate (NC                         | 13. 1 1 113 1 2 NAI 1 4 CII 2 1 111  | Agent signatu LE ME REET ADDRES Y-ST-ZIP   | s Doard               | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| familiar with  | PT HARTMAN 601 E OAL KISSIMME VS LARIMORE   | OFFICERS AND  JOHN R., M.D.  K STREET #A  E FL  WALTER L., M.D.  | on 607.U                             | SUS, FIORIDA STATUTES  FORS  DELETE | 5. Registered J 13. 1 1 TII 12 NAI 1 3 STE 1.4 CII 2 1 TII 2 2 NA  | Agent signatur LE ME REET ADDRES Y - ST - ZIP LE ME  | s board<br>o required | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12                                     |
| FAMILIAR WITH  GNATURE  LE  ME  BLE: ADDRESS  Y-ST-ZIP  LE  WE  KEEL ADDRESS   | PT HARTMAN 601 E OAL KISSIMME VS LARIMORE 601 E OAL                               | OFFICERS AND JOHN R., M.D. K STREET #A E FL  WALTER L., M.D. K ST #A                                   | on 607.U                             | SUS, FIORIDA STATUTES  FORS  DELETE | 13.<br>1 1 1 13<br>1 2 NAI<br>1 3 STF<br>1 4 CII<br>2 2 NAI<br>2 3 STI   | Agent signatu  LE  ME  KEET ADDRES Y-S1-ZIP  LE  ME  | s board<br>o required | when reinstating)                                  |                       | DATE<br>RS AND   | DIRECTO                                | ORS IN 12 Addition Addition                   |
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