

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90231 032 ***150.00

DOCUMENT # K52024

1. Corporation Name

TRI-CITY MEDICAL CORPORATION

Principal Place of Business

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

Mailing Address

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1988

4. FEI Number

59-2920893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ARSENAULT, KENNETH G. JR., PA
655 ULMERTON ROAD
SUITE 4-A
LARGO FL 33771**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

JOHNDROW, HAROLD, JR.

STREET ADDRESS

455 N. INDIAN ROCKS RD.

CITY-ST-ZIP

BELLEAIR BLUFFS FL 33770

TITLE

DVPS

☐ DELETE

NAME

BARODY, MICHAEL A

STREET ADDRESS

455 N. INDIAN ROCKS RD.

CITY-ST-ZIP

BELLEAIR BLUFFS FL 33770

TITLE

DPVT

☐ DELETE

NAME

BUCKLES, WILLIAM G., JR.

STREET ADDRESS

455 N. INDIAN ROCKS RD.

CITY-ST-ZIP

BELLEAIR BLUFFS FL 33770

TITLE

D

☐ DELETE

NAME

VELTMAN, GREG

STREET ADDRESS

455 N. INDIAN ROCKS RD.

CITY-ST-ZIP

BELLEAIR FL

TITLE

DVP

☐ DELETE

NAME

LANDT, TIMOTHY L

STREET ADDRESS

455 N. INDIAN ROCKS RD.

CITY-ST-ZIP

BELLEAIR BLUFFS FL 33770

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)