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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60472 (3) TOMMY J. BORRELL, M.D. PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address								
4602 N. ARMENIA SUITE B TAMPA FL 33603 US		4802 NORTH ARMENIA Suite B Tampa FL 33803-2626 US						
				3. Date Incorporated or Qualified			eport	
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 59-2926906		Ar	oplied For of Applicable
Suite, Ap	t #, etc	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional
22 City & Sta 23	ate	City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	Мау Ве
Zip	Country	Zip	Countr	ry	8. This corporation has liability for	or intangible t	tax under s	
24	25 9. Name and Address of Curre	29 Ant Registered Agent	30	 	Florida Statutes 10. Name and Address of New I	Yes		
Rſ	ORRELL, TOMMY J.	ent neglatored Agent	8	1 Name	JO. Hallis allo Address of How	Hediatelen V	· goit	
	102 N. ARMENIA, SUITE B		8	2 Street Add	dress (P.O. Box Number is Not Accept	table)	· · · · · · · · · · · · · · · · · · ·	
TAMPA FL 33603			83					
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11. Pursuan office or	nt to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida State of Florida. Such change wa	atutes, the about a authorized to		rporation submits this statement for the	FL e purpose of cept the appo		Code is registered registered
SIGNATURE	Stignature, typod or printed name of registered a	agent and title if applicable. (f	itutes, the about a suithorized by Florida Statute	we-named corpora by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby accurring the ation of the atio	e purpose of cept the appo	changing it pintment as	s registered registered
	Stignature, typod or printed name of registered a		itutes, the abo as authorized to Florida Statute	we-named cor by the corpora es.		e purpose of cept the appo DATE FICERS AND	changing it pintment as	s registered registered
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14. I do 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 chapter 6, or on an attachment with an address.

SIGNATURE: Y

FILED

May 02 1997 8:00am

Secretary of State

813-874-7334