**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K91468

1. Corporation Name

RANDY S. TOMPKINS, M.D., P.A.

Principal Place of Business

1450 W. STATE ROAD 434

Mailing Address

1132 SYMONDS AVE.

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90004 001 \*\*\*150.00



LONGWOOD F	L 32750	WINTER PARK FL 32789					
US US		U\$		DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed 05/26/1989			
2. Principal F	Place of Business	2a. Mailing Address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4. FEI Number	☐ Ar	oplied For	1
21		26 1450 W.S	Stak Road 43	4 59-2948482	No.	ot Applicable	1
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	1
City & Sta	te -	City & State	1 51	6. Election Campaign Financing	\$5.00	May Be	1.
23		28 Longwoo	d, tL	Trust Fund Contribution	Added t	-	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	-	1
24	25	29 3273 0 3	$_{0}$ $\mathcal{U}_{0}$	Personal Property Tax.	ŬYes	No	\
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent		1
WILI	DER, CHARLES D		<u> </u>	ary M. Berkson		<u></u>	]
1132 SYMONDS AVE.				ess (R.D. Box Number is Not Acceptable)		•	
WIN	TER PARK FL 32789		83	sa symonas H	-venu	<u></u>	-
•	· · · · · · · · · · · · · · · · · · ·			_			
			84 City / 1	1 - 0 - 1/2	85 Zip (	Code a	1
					L    32	789	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida. Such change was auth	, the above-named corporation to the corporation of	oration submits this statement for the purpose in's board of directors. I hereby accept the appropriate the purpose in the pur	of changing its pointment as re	registered gistered	
	in familiar wy, and accept the obligati	ons or, Section 607.0505, Piona	a Statutes.	Ven 1/2.16	0		ļ
SIGNATURE	Signature was or period name of registered agent	and title if applicable. (NOTE: Re	egytered Agent Stanature regulaed	when reinstating)	<u> </u>		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12	Í
TITLE	PST //	☐ DELETE	1.1 TITLE	ADDITIONS/CITANGES TO OFFICERS	Change	∏ Addition	3
NAME	TOMPKINS, RANDY S	<del>_</del>	1,2 NAME				
STREET ADDRESS	1450 W STATE RD 434		1.3 STREET ADDRESS				5
CITY-ST-ZIP	LONGWOOD FL						Ĺ
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition	Ç
NAME	TOMPKINS, RANDY S.	_ DELETE	<b>6</b> 1		change		(
=	1450 W STATE RD 434		2.2 NAME				
STREET ADDRESS	LONGWOOD FL.	j	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	LONGWOOD FL.	DELETE	2,4 CITY-ST-ZIP				=
	·	□ DECE IE	3.1 TITLE	•	Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				ĺ
CITY-ST-ZIP			3.4, CfTY-ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	i

6.4 CITY-ST-ZIP 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

☐ Addition