

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90168 017 ***150.00

DOCUMENT # L06612

1. Corporation Name

JAMES C. ETHERIDGE, M.D., P.A.

Principal Place of Business

13615 BRUCE B. DOWNS BLVD.
SUITE 113
TAMPA FL 33613
US

Mailing Address

~~13615 BRUCE B. DOWNS BLVD.~~ 17718 ESPRIT DR.
~~TAMPA FL 33613~~
TAMPA FL 33647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1989

4. FEI Number

59-2966279

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 17718 ESPRIT DR.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

25

33647

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETHERIDGE, JAMES C.

~~13615 BRUCE B. DOWNS BLVD.~~ 17718 ESPRIT DR.
TAMPA FL 33647

81 Name

ETHERIDGE, JAMES C.

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

17718 ESPRIT DR.

83

84 City TAMPA

FL

85 Zip Code

33647

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.

James C. Etheridge

3-25-1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PST
STREET ADDRESS ETHERIDGE, JAMES C.
CITY-ST-ZIP ~~13615 BRUCE B. DOWNS BLVD., STE 113~~
TAMPA FL

☐ DELETE

1.1 TITLE
1.2 NAME PST
1.3 STREET ADDRESS ETHERIDGE, JAMES
1.4 CITY-ST-ZIP 17718 ESPRIT DR.
TAMPA, FL 33647

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: James C. Etheridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-1999

Date

[813] 991-0012

Daytime Phone #

CR2E034 (1/98)