

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90080 005 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L38858

1. Corporation Name  
PARKS BEARISON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O STEPHEN D. PARKS, M.D.  
206 BUCKINGHAM PLACE, SUITE B  
BRANDON FL 33511

Mailing Address  
C/O STEPHEN D. PARKS, M.D.  
206 BUCKINGHAM PLACE, SUITE B  
BRANDON FL 33511

3. Date Incorporated or Qualified  
01/01/1990

4. FEI Number  
59-2985334

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  
21 4603 Dogwood Hills CT  
Suite, Apt. #, etc.  
22  
City & State  
23 BRANDON FL  
Zip  
24 33511  
Country  
25 USA

2a. Mailing Address  
26 4603 Dogwood Hills CT  
Suite, Apt. #, etc.  
27  
City & State  
28 BRANDON FL  
Zip  
29 33511  
Country  
30 USA

9. Name and Address of Current Registered Agent  
PARKS, STEPHEN D. M.D.  
206 BUCKINGHAM PLACE, SUITE B  
BRANDON FL 33511

10. Name and Address of New Registered Agent  
81 Name PARKS, STEPHEN D. M.D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4603 DOGWOOD HILLS CT  
83  
84 City BRANDON FL 85 Zip Code 33511

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 *Stephen D. Parks* 1/7/99  
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	<input type="checkbox"/> DELETE
NAME	PARKS, STEPHEN D., M.D.	
STREET ADDRESS	206 BUCKINGHAM PLACE S-B	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEARISON, FRED, M.D.	
STREET ADDRESS	206 BUCKINGHAM PLACE S-B	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARKS, STEPHEN D. M.D.	
1.3 STREET ADDRESS	4603 DOGWOOD HILLS CT	
1.4 CITY-ST-ZIP	BRANDON FL 33511	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEARISON, FRED	
2.3 STREET ADDRESS	4603 DOGWOOD HILLS CT	
2.4 CITY-ST-ZIP	BRANDON FL 33511	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephen D. Parks* 1/7/99 681 3638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)