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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # L84442 A FAMILY MEDICAL CENTER	IS, INC.			02-13-1999 90002	
Principal Plac	e of Business	Mailing Address			* 1007/1017 001 (01/) 01011 01011 01011 010	··· · · · · · · · · · · · · · · · · ·
818 CHESTNUT		818 CHESTNUT STREET CLEARWATER FL 34616			·	
					DO NOT WRI	E IN THIS SPACE
					3. Date incorporated or Qualifed 06/29/1990	· · · · · · · · · · · · · · · · · · ·
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3022916	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	S8.75 Additional
22		27			5. Certificate of Status Desired	e Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5,00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curre	• • • • • • •
24	25		30		Personal Property Tax.	ØYes □No
,	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
WIAI	ND, BURTON W		Ľ.	Hame		
601 CLEVELAND STREET, SUITE 800			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	ARWATER FL 34615		83		7. 15 17 5 4 5 18 18 18 18 18 18 18 18 18 18 18 18 18	12 1 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1
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			84	City	करें के जिल्ला के लिए के किया के लिए से के लिए के	FL 85 Zip Code
44 Purcuant	to the provisions of Sections 607 0503					
		and 607 1508 Florida Statute	is the show	e-pamed corp.	oration cubmits this statement for the	nurnose of changing its registered. I
office or r	registered agent, or both, in the State of	if Florida. Such change was au	thorized by	the corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of changing its registered the appointment as registered
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	if Florida. Such change was au	thorized by	the corporation	oration submits this statement for the on's board of directors. I hereby accep	t the appointment as registered
office or r	registered agent, or both, in the State of	of Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by ida Statutes	the corporation	on's board of directors. I hereby accep	t the appointment astregistered
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE:	ithorized by ida Statutes	the corporations.	on's board of directors. I hereby accept	t the appointment astregistered
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office or r agent. I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligation of the state of the st	of Florida. Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	ithorized by ida Statutes Registered Age	the corporations.	on's board of directors. I hereby accept d when reinstating) 1(長年) ADDITIONS/CHANGES TO OFF	t the appointment as registered
office or ragent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State of m familiar with, and accept the obligation of the state of the sta	of Florida. Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	the corporations.	on's board of directors. I hereby accept d when reinstating) 1(長年) ADDITIONS/CHANGES TO OFF	t the appointment as registered
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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.

6.3 STREET ADDRESS 6.4 City-St-ZiP

SIGNATURE

CITY-ST-ZIP

OW CONSIDER TO DESIGN OF THE PROPERTY OF THE P

CR2E034 (11/98)