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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000001777 (1)

THOMAS F. PERKINS, M.D., P.A.

**FILED** Jan 26 1998 8:00am Secretary of State



4690 LIPSCOMB ST NE STE 6B PALM BAY FL 32905 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 10/30/1992  2. Principat Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc.  City & State City & State  Zip Country  Zip Country  A690 LIPSCOMB ST NE STE 6B DO NOT WRITE IN THIS SPACE  Applied For Applied For Solute, Apt. #, etc. Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Frust Fund Contribution Added to Fees  Zip Country  Zip Country  Zip Country  8. This corporation owes or has paid the current year Intangible	Principal Place of Business	Mailing Address				-{	(1 110)( 104)( 100)( 104) (04)	
SITE 68 PALL BAY FL 28005 US  PALL BAY FL 28005 US  2. Principal Place of Business  2. Me ling Address 4. FET Number 10/30/1992  2. Principal Place of Business  3. Me ling Address 4. FET Number 10/30/1992  3. Suite, April 4, etc.  3. Suite, April 4, etc.  3. Suite, April 4, etc.  2. Total Status  City & State  City & State	•	5	ıc					
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Sulfix, Apt #, etc.    20					· · · · · · · · · · · · · · · · · · ·	10/30/1992		
Suite, April 4, etc.    Suite, April 4, etc.	<del> </del> -	∤····				1	<del>- + ``</del>	
City & State  Ci						59-3151903		
City & State    City & State   City	<del> </del>					5. Certificate of Status Desired		
20						6. Election Campaign Financing		
Zip   Country   Zip   Country   2   Single   Country   Single   Coun	23	<u></u> 1				_ · · · · · · · · · · · · · · · · · · ·		
PERKINS, THOMAS F 1151 FARWAY CT NE SUTE 108 PALM BAY FL 32905  12 Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to the provisions of Sections 697 0502 and 657 1508, Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, are holly, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are holly, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are holly, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are holly, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are holly as a provinced and a state of the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are holly as a provinced and a state of the state of Florids. Such change was a state of Florids. Such changes was	Zip Country		Cot	untry		8. This corporation owes or has paid the curr	ent year Intangible	
PERKINS, THOMAS F 1151 FAIRWAY CT NE SUITE 108 PALM BAY FL 32905  11. Pursuant to the provisions of Socions 607 0:002 and 607 1:008, Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008, Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008, Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008, Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008, Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:002 and 607 1:008 Florida Statutos, the But of Provisions of Socions 607 0:008, Florida Statutos, the But of Provisions of Provisions of Socions 607 0:008, Florida Statutos, the But of Provisions o			30			1		
TIST FAIRWAY CT NE SUITE 108 PALM BAY FL 32905  B4 City FL   S5   Zip Code  TIST PAIRWAY CT NE SUITE 108 PALM BAY FL 32905  B5 City FL   S5   Zip Code  TIST PAIRWAY CT NE SUITE 108 PALM BAY FL 32905  B6 City FL   S5   Zip Code  TIST PAIRWAY CT NE SUITE 108 SIGNATURE  D   D   D   D   D   D   D   THE   THE		nt Registered Agent				10. Name and Address of New Registered	\gent	
SUITE 108 PALM BAY FL 32905  B3  City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of cleanging its registered agent. I am framiliar with, not except the object of florida Statutes.  Signature  Sign				B1	Name			
PALM BAY FL 32905				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
### City #### City ### City ##				93	<del> </del>			
11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I sem familiar with, and accept the obligations of Section 607 05056, Florida Statutes.  SIGNATURE  Signature firmiliar with, and accept the obligations of Section 607 05056. Florida Statutes.  SIGNATURE  Signature firmiliar with, and accept the obligations of Section 607 05056. Florida Statutes.  III. Pursuant to the provisions of Section 607 05056. Florida Statutes agent. I sem familiar with an accept the obligation of Section 607 05056. Florida Statutes agent. I sem familiar with a semicondary acceptance agent. I semicondary acceptance agent. I semicondary acceptance agent. I semicondary acceptance acceptance agent. I semicondary acceptance agent. I semicondary acceptance agent. I semicondary acceptance	PALM BAT FL 32905						}	
11. Pursuant to the provisions of Socialons 607 05002 and 607 1508, Florida Statutes, like above named corporation submits this statement for the purpose of changing its registered office or registered agent. 1 em familiar with, and accept the obligations of, Socialon 607,0506, Florida Statutes.  SIGNATURE  12. OF ITERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12.  14. CITY ST. 2P.  PERKINS, THOMAS F. 12 NAME  1151 FAIRWAY CT NE  1151 FAIR				84	City	El	85 Zip Code	
Signature   September   Sept	11. Pursuant to the provisions of Sections 607.05t	02 and 607.1508, Florida Stat	utes, the a	L_L bove	-named corpo	pration submits this statement for the purpose of	changing its registered	
SIGNATURE   Signature, typed or preted man of or general reproductation   IRONT   Registroid adjust regnerate responsed when resistatings   IRONT	office or registered agent, or both, in the State	of Florida, Such change was lations of Section 607,0505. I	s authorize Florida Sta	id by	the corporatio	on's board of directors. I hereby accept the appo	ointment as registered	
12.		and of content conjugacy						
TITLE	Signature, typod or printed name of registered ag				it signature required			
MAME   PERKINS, THOMAS F   12 NAME   13 SIREET ADDRESS   1151 FARRWAY CT NE   13 SIREET ADDRESS   1151 FARRWAY CT NE   13 SIREET ADDRESS   14 CITY-ST-ZIP					~			
STREET ADDRESS   1151 FAİRWAY CT NE	•	☐ DELETE	1				Change Addition	
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DILFTE	MINIAN HARRON BOLLEY		- 1		· · · · · · · · · · · · · · · · · · ·		Į.	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP								
THE LEGISLAND CONTROL OF THE PROPERTY OF THE P		ith this filing does not evallby				action 119.07/3/ii) Florida Statutos I further con	tify 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 if am an officer or director of the corporation or the receiver entrustee 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.

1-12-18 407/676-4442