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

Mailing Address

32615 U.S. 19 N. SUITE 5

PALM HARBOR FL 34684

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

PALM HARBOR FL 34684

32615 U.S. 19 N.

SUITE 5



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200004999

HAROLD J. COLBASSANI, M.D., P.A.

							11/12/1992			
2.	Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21	·		26				59-3151888	No	t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #,			, etc.			5. Certificate of Status Desired	\$8.75		
22	,	27					3. Certificate of Status Desired	Fee Re	equired	
_	City & State City & State						6. Election Campaign Financing	\$5.00		
23	28						Trust Fund Contribution Added to Fees			
_	Zip	Country Zip Co			Country		8. This corporation owes the current year intangible			
24		25 29			30		Personal Property Tax.			
		9. Name and Address of Current I	10. Name and Address of New Registered Agent							
					81	Name				
COLBASSANI, HAROLD J					82 Street Address (P.O. Box Number is Not Acceptable)					
32615 U.S. 19 N.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
SUITE 5					83		(1)			
PALM HARBOR FL 34684					84	City	- 17 × 12 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	85 Zip	Code	
			•		- 1	•	, FL	.		
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 submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits this statement for the purpose of changing its registered submits the purpose of changing its registered submits this statement for the purpose of changing its registered submits the purpose of changing										
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 the corporation of the corp										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE										
12	- <i>-</i>	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITL	E	DP	☐ DELETE	1.1 TITL	Æ		10 M	☐ Change	☐ Addition]	
NAM	Æ	COLBASSANI, HAROLD J		1,2 NA	ME	ŀ				
STR	STREET ADDRESS 32615 US 19 N., STE. 5			1.3 STF	1.3 STREET ADDRESS					
CITY	CITY-ST-ZIP PALM HARBOR FL 34684			1.4 CIT	1.4 CITY-ST-ZIP					
TITL			DELETE	2.1 1111	LE	"	•	Change	☐ Addition	
NAN	Æ			2.2 NA	ME				į	
	LEET ADDRESS			2.3 STF	REET.	ADDRESS		,	Ì	
	Y-ST-ZIP	e e e e e e e e e e e e e e e e e e e	e ye	2.4 CII	Y-\$1	T-ZIP				
тп		a the proper fix of	☐ DELETE	3.1 TIII	LE			☐ Change	☐ Addition	
NAN	17.(No			3.2 NA	ΜE		•			
ł	REET ADDRESS	\$40 B. 24 B.		3.3 STF	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	劉朝明 劉明 [新] 新[[新] [[[[[[[[[[[[[Stand Wester	
1	Y-ST-ZIP			3.4. CIT	Y-S1	T-ZIP	<u> </u>		9.4 (4)	
TITE	* X : :	B. S. G. S.	☐ DELETE	4.1 TIT	_		1. 数2	. Chángé		
				4. 2 NA	ME					
	ME (15.1), 5. (1) REET ADDRESS	· ·		4.3 STF	REET	ADDRESS				
	Y-ST-ZIP	Mr. Mar. A		4.4 CIT			• . •			
TITL			☐ DELETE	5.1 TIT	_			Change	Addition	
NAA				5.2 NA	ME	1	Commence of the second			
				5.3 STI	REET	ADDRESS	•			
ነ	EET ADDRESS	6P		5.4 CIT	Y-ST	r-zip				
TITI	Y-ST-ZIP	BURNING CO	☐ DELETE	6.1 TIT		_	<u></u>	Change	☐ Addition	

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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 pushed 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 a partial higher party an address, with all other like empowered.

FILED

Jan 26, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01-26-1999 90050 045 ***150.00