

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90008 022 ***150.00

DOCUMENT # P93000088566

1. Corporation Name

NEW ERA HEALTH ASSOCIATES, INC.



Principal Place of Business

**3000 MEDICAL PK DR
STE 102
TAMPA FL 33613
US**

Mailing Address

**3000 MEDICAL PK DR
STE 102
TAMPA FL 33613
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

4. FEI Number

59-3238111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**DILLON, RICHARD S
3000 MEDICAL PK DR
STE 102
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DIAZ, MARIA MD**
STREET ADDRESS **2901 ST ISABEL ST**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE
NAME **JOSEPH, LEVINE MD**
STREET ADDRESS **11212 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ DELETE
NAME **HYATT, HENRY**
STREET ADDRESS **13801 BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **DT** ☒ DELETE
NAME **SLAYDEN, RITA H M.D.**
STREET ADDRESS **3535 BAYSHORE BLVD., NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **PETERFREUND, DAVID O M.D.**
STREET ADDRESS **1202 PALMVIEW AVENUE**
CITY-ST-ZIP **BELLEAIR FL 34616**

TITLE **DV** ☐ DELETE
NAME **MARKS, JEFFREY J. MD**
STREET ADDRESS **2535 LANDMARK DR, STE 101**
CITY-ST-ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT, DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **RICHARD S. DILLON, MD**
1.3 STREET ADDRESS **3000 MEDICAL PARK DR, STE 102**
1.4 CITY-ST-ZIP **TAMPA, FL 33613**

2.1 TITLE **VILE PRES., DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **JEFFREY J. MARKS, MD**
2.3 STREET ADDRESS **3023 EASTLAND BLVD, STE 112**
2.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

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

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

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

6.1 TITLE ☐ Change ☐ 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:

Richard S. Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 (813) 972-0770

CR2E034 (1/98)