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

DOCUMENT # P9400001245

MEDICAL PRACTICE MANAGEMENT ASSOCIATES, INC.

-	ce of Business	Mailing Address				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
		1429 LAKELAND HILLS BLV	429 LAKELAND HILLS BLVD			•	
LAKELAND FL 33805 LAKELAND FL 33		LAKELAND FL 33805	33805			1 1.4	1.
US	•	US			DO NOT WRITE IN T	HIS SPACE	
	•				3. Date Incorporated or Qualifed		
					01/06/1994		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Appli	ied For
21		26			59-3216927	Not A	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	**	•		\$8.75 Ad	<u> </u>
22		27			5. Certifcate of Status Desired	Fee Regu	
City & Sta	ite	City & State			6. Election Campaign Financing	· · · · · ·	
23		28			Trust Fund Contribution	\$5.00 M. Added to I	
Zip	Country	Zip	Country		8. This corporation owes the current year		1 003
24	25	29	30	•	Personal Property Tax.		No
	9. Name and Address of Current		30	-	10. Name and Address of New Register		1140
	こうしん ちゅんぬき 数数	And the second	81	Name	TV. Italie and Address of New Register	ed Agent	
VEN	INUM, KEITH B M.D.		-	1	,		
142	9 LAKELAND HILLS BOULEVARD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	EJAND FL 33805		<u></u>		والمراجع وال	5 d + 0 f = \$ f f f & 6 c	1-1 5.00 1 5.5 0
_,"			83			關鍵 法报证	周朝護
	•		84	City			ide kule (23) Silvania
A ICO CAS CLAS				,	F	85 Zip Coo	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose	of changing its re	gistered
35 agent. La	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au ons of Section 607 0505. Flori	ithorized by ida Statutes	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as regis	tered
		0.10 01, 2001017 007.0000[1 1011		•		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Recistered Ager	nt signature required	when reinstating) DATE	<u> </u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	5 IN:12
TITLE	D	☐ DELETE	1.1 TITLE		人名英格兰英格兰 电弧性		. Addition
NAME .	VENNUM, KEITH B	•	1.2 NAME		afrika - a afrika - a a a a a a a a a a a a a a a a a a		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801		· ·				
TITLE	E-WELFORD FE 33007	DELETE	1.4 C/TY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
		DECETE	2.1 TITLE			. Change	☐ Addition
NAME .	1	·	2.2 NAME				
STREET ADDRESS		•	2.3 STREET	ADDRESS			
CITY-ST-ZIP	A		2. 4 CITY-S	T-ZIP	<u> </u>		* :-
TITLE	HERE THE STATE OF RES	☐ DELETE	3.1 TITLE	-	· · · · · ·	Change	☐ Addition
NAME,	March 19 19 19		3.2 NAME	1	•		
STREET ADORESS	The State state of	•	3.3 STREET	ADDRESS	الله المعالجين المعا	l is a nate your last then	o 8,7,55
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			計劃。
TITLE		☐ DELETE	4.1 TITLE		C 2. 2. 61. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	Change -	Addition
NAME 1923 LAL 1935			4. 2 NAME	İ			
STREET ADDRESS			4.3 STREET	. ADDOCED			
CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * * *					
TITLE			4.4 CITY-ST	I-ZIP		17.01	
		₩ DELETE	5.1 TITLE	1		Change [Addition
NAME	· · · ·		5.2 NAME			•	•
STREET ADDRESS	r)		5.3 STREET	'			
CITY-ST-ZIP	i de		5.4 CITY-ST	-ZIP	• • * * * •		
TITLE .	Balling State Committee Co	☐ DELETE	6.1 TTTLE			Change [☐ Addition
NAME		•	6.2 NAME				
STREET ADDRESS	法執疑保持 如 (日		6.3 STREET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90040 014 ***150.00

010499 941-688-3491