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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400005257

GUILLERMO ABESADA-TERK, JR. M.D., P.A.

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90035 008 \*\*\*150.00

ASS E SOCIOLA STREET						
309 E OSCEOLA STREET SUITE 203	309 E OSCEOLA STREE SUITE 203	T				
STUART FL 34994	STUART FL 34994			DO NOT WRITE IN THIS SPACE		
••				3. Date Incorporated or Qualifed 01/21/1994		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		nlied Car
1	26	•		65-0461041		plied For ot Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75	
2	27			5. Certifcate of Status Desired	Fee Re	
City & State	City & State			6. Election Campaign Financing	\$5.00	
Zip Country		Cour	ıtnı	Trust Fund Contribution	Added t	to rees
4 25	29	30	iu y	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	ntangible Yes	□No
9. Name and Address of Curre		30		10. Name and Address of New Registered		
\$ \$750 K A	31 31 30 Policy 3		81 Name	. Teams and Address of their respective	- Aguitt	
SPRINKLE, PHILIP M II						
777 S FLAGLER DRIVE	MAR PAR		82 Street Add	tress (P.O. Box Number is Not Acceptable)		
SUITE 900		-	83		3: 42 4 4	4 1 1
WEST PALM BEACH FL 33401			<u> </u>		1. 16	
			84 City	£1	85 Zip 0	Code '
Signature, typed or printed name of registered ag	gent and title if applicable. (NC	TE: Registered A	gent signature requir	red when reinstating) DATE		<del></del>
			gent signature requir		ND DIRECTO	DS IN 12
12. OFFICERS A	pent and title if applicable. (NC ND DIRECTORS	TE: Registered A		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
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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 Blocki13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ale E. OSPI, M. A. C. 180 E. e.a.

STUDENT PL 01/34

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Addition

CR2E034 (11/98)