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 # P94000048780 (8)

PATRICK E. TOMENY, JR., M.D., P.A.

FILED Mar 06 1998 8:00am Secretary of State



									{ 8 6 1
Principal Place of Business Mailing Address						I temper in this state sail call call	.eli Ba rir a ri	701 (616) (600) (811	
1778 CAPTIVA		1778 CAPTIVA DR							
OLDSMAR FL	34677	OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
						06/27/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number		Ap	plied For
21		26			59-3254829		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22		27			6. Certificate of States Besired		Fee Re	quired	
City & State	9	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Z _(p) Country			8. This corporation owes or has p				
24	25	29]	30	10		Personal Property Tax due June 10, Name and Address of New Re			No
	9. Name and Address of Curren	t negistered Agent		11	Name	10, Maille and Address of New N	Misterer	r Agont	·
	MOND, J PAUL		Ľ						
	CLEVELAND ST		[€	12	Street Add	t Address (P.O. Box Number is Not Acceptable)			
CLI	EARWATER FL 34615		1	33					
			L		0:4.			85 Zip (Sada
			- 1	34	City		FI	L '	1
agent. I a	agistered agent, or both, in me state in familiar with, and accept the obligation Signature, typed or presed name of registered sign					poration submits this statement for the tion's board of directors. I hereby accended when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	DPS	☐ DELETE	TE 1.1 TIT					Change	Addition
NAME	TOMENY, PATRICK E JR		1,2 NAM	Æ					
STREET ADDRESS	1778 CAPTIVA DR	1.3 S		1.3 STREET ADDRESS					İ
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CITY-ST-ZIP		- ZIP				A days -
TITLE	DELETE			2 1 TITLE				Change	Addition
NAME	:		2 2 NAN		1				
STREET ADDRESS	1			2 3 STREET ADDRESS		:			
CITY-ST-ZIP		T nevere	_	2.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE		3.1 TITLE				L. Cliarge	
NAME			3.2 NAN						ļ
STREET ADDRESS					ADORESS				
CITY+ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE		[_] better						and Johnson	
NAME OFFEE ADDRESS			4. 2 NA		ADDRECC				
STREET ADDRESS			i i		ADORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITE		1-ZIP			Change	Addition
NAME		□ <i>btitit</i>	5.1 NAA		1				
					ADDRESS				
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	_	1- ZIP			Change	Addition
NAME		_ Dittil	6.2 NAX						
l :					ADDRESS				
STREET ADDRESS									
CITY - ST - ZIP			6.4 CIT	1-91	- 4tr				

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.

SIGNATURE:

2-20-98

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