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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054804

LYNN F. ABRAMS, M.D., P.A.

Principal Place of Business	Mailing Address
3500 E FLETCHER AVE SUITE 302	3500 E FLETCHER AVE SUITE 302

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90214 044 ***150.00



Principal Place	of Business	Mailing Address			11101100111101			
	R AVE SUITE 302	3500 E FLETCHER AVE SUT	TE 302					
TAMPA FL 33618	 -	TAMPA FL 336 13				O NOT WRITE IN TH	HS SPACE	
				3. D	ate Ir corporated	l or Qualifed		
				0	7/25/1994			
2. Principa Pla	ice of Business	2a. Mailing Address			l Number		Ar	plied For
	2 Sec BREEZE WAY	26 27042 Sec B	ree ze wa	<u> </u>	9-32 <u>5598</u> 9		No	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		3	ertifcate of Statu	ıs Desired	·	Additional
22		27						ecuired
City & State		City & State	~ .		ection Campaig	- 1	•	May Be
23 wester		28 wastey char	Country		ust Fund Contri			tc Fees
Zip	Country	Zip	7	- 1	nis or rporation o ersor al Property	wes the current year	ntangible Yes	□No
24 5 3	35 (3 25 いうロ 9. Name and Address of Current	29 33543 30				ess of New Register		-3
	9. Name and Address of Current	Kedisteten Waent	81 Name					
ABRA	MS, LYNN F MD			100	<u>+ (40</u>	SRAMS Not Acceptable)	<u></u>	
	E FLETCHER AVE SUITE 302	⊃⁄n.	82 Street A	Acdress (P.O	. Box Number is	S Not Acceptable)	ب ۹ در	
	A FL 33613	۵.	83	<u> </u>	<u> </u>	<u> </u>	7_	
							oc Zin	Cada
			84 City ڪ ک	いしきり	CHAPI	ēL F	L * 33	E#3
11. Pursuent to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named	corporation s	uhmi e this state	ment for the nurnose	of changing its	registered
office (r re	o the provisions of Sections 607.0502 gistered agent, or both, in the State c n familiar with, and accept the obligate	f Florida, Such change was auth ons of, Section 607,0505, Florida	iorized by the corpo a Statutes.	radon's odar	d of directors. I	nereby accept the ap	pointment as re	gistereu
•		=> MY LYNH F. /	ABRAMS, MC	7		-3/31/55		1
SIGNATUFE	Signature, typed or printed name of registered agent		egistered Agent signature re			DATE		2/15 111 40
12.	OFFICERS AND		13.	AD	DITIONS/CHAN	IGES TO OFFICERS	AND DIRECTO	Addition
TITLE	D	☐ DELETÉ	1.1 TITLE				p_ronange	
NAME	ABRAMS, LYNN F MD	. 000	1.2 NAME	··	S C .	BREEZE	~~ A7	Ï
STREET ADDRESS	3500 E FLETCHER AVE SUITE	. 30 2	1.3 STREET ADDRESS	2700	L 3514	73/12/2022	735c	12
CITY-ST-ZIP	TAMPA FL 33613	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	12302C	Tal Car	PEL FL	☐ Change	Addition
TITLE			2.2 NAME					_
NAME			2.3 STREET ADDRESS					
STREET ADDRESS			2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TFILE		·		☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					ļ
CITY-ST-ZIP			34 CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					Ì
STREET ADDRI SS			4.3 STREET ADDRESS					!
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			52 NAME					-
STREET ADDRESS			5.3 STREET ADDRESS					,
CITY-ST-ZIP			5.4 CITY-ST-ZIP			-:		
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6,3 STREET ADDRESS					
i i			CACITY OT 7ID					i

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the ir formation 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: