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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90194 009 ***150.00

DOCUMENT # P9400060631

CLASSICAL MEDICINE OF ST. PETERSBURG, INC.					4) ((1)(8 (1)(8)
Principal Plac	e of Business	Mailing Address)	11181 1181 1481
1432 NINTH ST. N 1140 LOCUST ST. NE ST PETERSBURG FL 33704 ST. PETERSBURG FL 33701 US					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
					08/15/1994		
		2a. Mailing Address			4. FEI Number		lied For
21		26			59-3263789		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>	5. Certificate of Status Desired	\$8.75 A	
City & Stat	to .	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	гу	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register	ed Agent	
VF.	NE LAUDA		8	1 Name			
KEANE, LAURA 1140 LOCUST ST. NE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
I .	PETERSBURG FL 33701			12			
}	TETEROBORIC TE GOTOT		0	13			
	•		8	4 City		85 Zip C	ode
44 D	A					of changing its a	egistered
		2 and 607 1509 Florida Statuto	e-tha aba	wa-named cor	rocration submits this statement for the nurnose		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State,	2 and 607.1508, Florida Statute Florida. Such change was au	s, the about horized b	ve-named cor by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as req	istered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations of the control of	2 and 607.1508, Florida Statute of Florida. Such change was au fons of, Section 607.0505, Flori	es; the about horized be ida Statute	ove-named corporates.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as reg	istered
office or r agent. I a	- A MUNLI	1 liven	(DIL	7 + 21	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap White the property of the purpose of the property of the purpose of the property of the purpose of t	ACC??	118-
	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar yorn, and accept the obligate of the state o	and tide if applicable. (NOTE:	(DIL	7 + 21	CO 110 1215 00 00 01 bi	7(CC 277	<u> </u>
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SIGNATURE	Signatus, type of printed name of registered agent OFFICERS ANI DP KEANE, LAURA	and the if applicable. (NOTE:	Registered Ag	gent signature requi	ired when reinstating) DATE	AND DIRECTOR	<u> </u>
SIGNATURE 12. TITLE	Signapus, typic of printed name of registered alpert OFFICERS ANI DP KEANE, LAURA 1140 LOCUST ST. NE	and the if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAMI	gent signature requi	ired when reinstating) DATE	AND DIRECTOR	<u> </u>
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14. I hereby certify that the information sopplied 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: