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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000005682

1. Corporation Name

GULF-TO-BAY CARDIOTHORACIC ANESTHESIOLOGISTS, IN

C.						4 (1 0	
Principal Plac	ce of Business	Mailing Address				31.0	
7543 MEDICAL DR. 754		7543 MEDICAL DR.		1		•	
HUDSON FL 34667		HUDSON FL 34667		DO NOT WRITE IN THIS SPACE			
				Date Incorporated or Qualifed	IN THIS SPACE		ı
				01/23/1995			l
2 Dringing F	Place of Business	2a. Mailing Address		4. FEI Number		olied For	į
— ·	riace of business	26		NOT APPLICABLE	<u> </u>	Applicable	75
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A		Ņ
22	. #, 610.	27		5. Certifcate of Status Desired	Fee Red		1
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Re	Ι,
23		28		Trust Fund Contribution	Added to		l
Zip	Country	Zip	Country	8. This corporation owes the curren	t year Intangible		
24	25	29	30	Personal Property Tax.		X(No	l
	9. Name and Address of Curr			10. Name and Address of New Re	gistered Agent		l
			81 Name	·			l
	inbren, don b		82 Street Add	tress (P.O. Box Number is Not Acceptabl	e)		l
101	'EAST KENNEDY BLVD.		02 Sileet Add	tiess (F.O. Box Humber is Not Acceptable	ad in the laws of select Art.	وران المحادث وران	l
> Sui	TE 2700		83		翻翻纸纸牌攤	制制的	l
TAN	#PA FL 33602		94 City				l
			84 City		FL 85 Zip C	oue	l
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was au	ithorized by the corporat	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of changing its in the appointment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered a	argent and title if applicable (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE		ے ا
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12	Q
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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 Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

INTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #