Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90025 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036695

LEONARI	D E. CORTELLI, JR., M.D.,	P.A.							
Principal Place	e of Business	Mailing Address			_	1)	6 16101 OHI 1901	
13602 N 46TH 5 TAMPA FL 3361	ST	13602 N 46TH ST TAMPA FL 33613				DO NOT WRITE IN THIS	S SPACE		
						3. Date Incorporated or Qualifed		_	
						05/03/1995		•	
Principal Place of Business 2a. Mailing Address					_	4. FEI Number	A	pplied For	
21						59-3318817		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	e The second	City & State				6. Election Campaign Financing	\$5:0 (May Be	
23		28				Trust Fund Contribution	Added	I to Fees	
Zip 24	Country 25	Zip 29	Co.	intry		This corporation owes the current year Ir Personal Property Tax.	ntangible XYes	□No	
<u>-</u>	9. Name and Address of Current					10. Name and Address of New Registered	J Agent		
					81 Name				
	S, JEREMY P S FRANKLIN ST			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	PA FL 33602			83	_				
				84	City	FI	85 Zip	Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligate signature, typed or printed name of registered agents.	of Florida. Such change was a lions of, Section 607.0505, Flo	utnonzeo rida Stat	a by tr tutes	he corporation			egistereu	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	D DELETE		1.1 TITLE			Change	Addition	
NAME	CORTELLI, LEONARD E JR		1.2 N	1.2 NAME					
STREET ADDRESS	13602 N 46TH ST		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613		1.4 C	1.4 CITY-ST-ZIP					
TITLE	DELETE		2.1 Ti	2.1 TITLE			Change	Addition	
NAME			2.2 N						
STREET ADDRESS	REET ADDRESS		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	FLOELETE		_	2.4 CITY-ST-ZIP			- Change	Addition	
`mc=	<u> </u>			III E			Control Anterities	-=	
NAME			3.2 N						
STREET ADDRESS	·		1		ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	Addition	
TITLE			•	4.1 TITLE 4.2 NAME			_ 4		
NAME	}				ADDRESS				
STREET ADDRESS									
CITY+ST-ZIP			ITY-ST- TLE	ZIF		Change	Addition		
TITLE				AME			0		
NAME expert appress					ADORESS	•			
STREET ADDRESS				ITY-ST-	1				
CITY-ST-ZIP		☐ DELETE	6.1 T				☐ Change	Addition	
			6.2 N					_	
NAME	1				1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP