## 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 # P95000044541 (7)

PERSONAL INJURY ASSOCIATES, P.A.

Data de el Dia	of B.	<b>M</b> - 1 <b>A</b> - <b>L</b>						
Principal Place of Business  101 E KENNEDY BLYD  SUITE 3170  TAMPA FL 33602		Mailing Address						
		101 E KENNEDY Suite 3170	BLVD					
		TAMPA FL 3360	2			DO NOT WRITE IN THIS SPACE		
			_			3. Date Incorporated or Qualified	7	
						06/09/1995		
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number Applied For	]	
21		26				<b>59-3326239</b> Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			5. Certificate of Status Desired S8.75 Additional		
22 City & City		[27]	<del></del>			Fee Required	4	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country	<b>28</b>		ountry	,	Trust Fund Contribution	┨	
24	25	29	30	ountry	,	8. This corporation owes or has paid the current year Intarigible Personal Property Tax due June 30.  Yes No		
24	9. Name and Address of Curre		30	7		10. Name and Address of New Registered Agent	┨	
MA	NEY, RICHARD H			81	Name		1	
	E KENNEDY BLVD			82			4	
	TE \$170					ddress (P.O. Box Number is Not Acceptable)		
	MPA FL 33602			83			1	
ואו	WITA TE 3500E			\	ļ		4	
				B4	City	FL 65 Zip Code	ı	
11, Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Flori	da Statutes, the	abov	L e∙named		┨	
office or r	egistered agent, or both, in the State or templiar with and account the oblin	e of Florida, Such char	ge was authori. 0505, £lorida S	zed by	y the cor	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered		
	Tellimica William Care (1000) Proposition Comme	Allow or, Cooling Co.	0000, 1101100 0		J.		ļ	
SIGNATURE	Signature typed or printed name of registered as	jent and title if approable	(NOTE: Regist	ered Ag	ont signatur	nature required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	] {	
TITLE	P	DI	LETE 1.1	TITLE		Change Addition	15	
NAME	MANEY, RICHARD H		1.3	NAME			12	
STREET ADDRESS	101 E KENNEDY BLVD SUITI	E 3170	1.3	STREE	ADDRESS	KESS	ľ	
CITY-ST-ZIP	TAMPA FL 33602		1.4	CITY-S	ST-ZIP		_[8	
TITLE	V	DE	ELETE 2.1	TITLE		☐ Change ☐ Addition	ľ	
NAME	MANEY, RICHARD H		2.2	NAME				
STREET ADDRESS	101 E KENNEDY BLVD SUITI	E 3170	2.3	STREE	ADDRESS	ESS	ı	
CITY-ST-ZIP	TAMPA FL 33602			4 CITY-	ST-ZIP	)		
TITLE	<b>ST</b>	Di	ELETE 3.1	TITLE		Change Addition		
NAME	MANEY, RICHARD H		3.2	NAME				
STREET ADDRESS	101 E KENNEDY BLVD SUITI	E 3170	3.3	STREET	ADDRESS	ÆSS		
CITY-ST-ZIP	TAMPA FL 33602			l. CITY -	S1 - ZIP		1	
TITLE		□ De	LETE 4.1	TITLE		Change Addition		
NAME			4.	2 NAME			1	
STREET ADDRESS			4.3	STREET	ADDRESS	ESS	1	
CITY-ST-ZIP				CITY-5	ST - 7IP		1	
TITLE		□ DE	i	TITLE		Change Addition		
NAME				NAME				
STREET ADDRESS			5.3	STREET	ADDRESS	ÆSS	1	
CITY-ST-ZIP				CITY-	ST - ZIP		1	
TITLE		DE		TITLE		Change L Addition		
NAME				NAME				
STREET ADDRESS			6.3	STREET	ADDRESS	ESS [	Į	

14. I hereby certify that the information supplied with this filing does not qualify fer 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 free 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.

**FILED** 

May 13 1998 8:00am

Secretary of State