

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 # P95000047989

1. Corporation Name
HMS OF LAKE LAND, INC.

Principal Place of Business

1001 CARPENTERS WAY
APT. A114
LAKE LAND FL 33809
US

Mailing Address

P.O. BOX 93516
LAKE LAND FL 33804
US

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90074 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1995

4. FEI Number

59-3332511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1009 CARPENTERS WAY

2a. Mailing Address

26 1009 CARPENTERS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE LAND

City & State

28 LAKE LAND

Zip 33809

Country US

Zip 33809

Country US

9. Name and Address of Current Registered Agent

PEREZ, JOSEPH A.
5426 HARBOR DRIVE EAST
LAKE LAND FL 33809

10. Name and Address of New Registered Agent

81 Name

John A. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

1009 CARPENTERS WAY

83

84 City

LAKE LAND

FL

85 Zip Code

33809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John A. Thompson

TREASURER

1/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PEREZ, JOSEPH A
STREET ADDRESS 5426 HARBOR DRIVE EAST
CITY-ST-ZIP LAKE LAND FL 33809

TITLE ST ☐ DELETE

NAME THOMPSON, JOHN
STREET ADDRESS 1311 HAMMOCK SHADE DRIVE
CITY-ST-ZIP LAKE LAND FL 33801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

John A. Thompson

1/20/99

941 816 8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)