Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

			
DOCUMENT #	P960	0000	3933
1 Comoration Name			

CARROLLWOOD PROFESSIONAL CENTER, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business	Mailing Address	-
9261 LAZY LANE	9261 LAZY LANE	
TAMPA FL 33614	TAMPA FL 33614	

26

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90038 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/09/1996

59-3202258

4. FEI Number

REIB	ER, SAM I	82						
	601 EAST TWIGGS STREET		Street A	Address (P.O. Box Number is Not Acceptable)				
	E 200	83						
	PA FL 33602		<u></u>					
.,		84	City	FL 85 Zip Code				
44 Diversions	to the province of Continue 607 0502 and 607 1508 Elorida Statutos the		-named					
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 Signature, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13	<u>-</u> -	(signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE		 TTLE	——	☐ Change ☐ Addition				
· · · · · · · · · · · · · · · · · · ·		IAME	ł					
NAME	Mizolitotti, fuoriano		ADDRESS					
STREET ADDRESS	020, 812, 8112							
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TITLE		AME		,				
NAME								
STREET ADDRESS	***		ADORESS					
CITY-ST-ZIP		CITY-S	T-ZIP	☐ Change ☐ Addition				
TITLE			Ì	C Grande C Assession				
NAME	J ***	IAME						
STREET ADDRESS	1		ADDRESS					
C/TY-ST-ZIP		CITY-S	T-ZIP	☐ Change ☐ Addition				
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NAME		NAME						
STREET ADDRESS	l de la companya de		ADDRESS					
CITY-ST-ZIP		CITY-S	(- Z)P	☐ Change ☐ Addition				
TITLE	_	ME	i	C.) Charge C. PAddition				
NAME		IAME						
STREET ADDRESS			ADDRESS					
CITY-ST-ZIP		CITY-S	- ZIP	☐ Change ☐ Addition				
TITLE		MLE	1	☐ Change ☐ Addition │				
NAME		IAME_						
STREET ADDRESS	•		FADORESS					
CITY-ST-ZIP		TY-S		the County of the State of the				
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 borporation 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 chapted, or on an attachment with an address, with all other like empowered.								

Country

81 Name

30

SIGNATURE: