PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004907

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90047 035 ***150.00

Bram Ri	EGEL, M.D., P.A.				_							
Principal Place	of Business	Ma	alling Address					. (45)(15)(11)				- 1
CENTER GATE 5590 BEE RIDGI SARASOTA FL	office Park e ro. ste. a-5	559	CENTER GATE OFFICE PARX 5590 BEE RIDGE RD. STE. A-5 SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/11/1996				,
2. Principal Pl	ace of Business	2a.	Mailing Addres	53				4. FEI Number		Ap	plied For	
21	• • • • • • • • • • • • • • • • • • • •	28					Į	65-0640323		No.	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, 6	etc.				5. Certificate of Status Desire	d 🖳	\$8.75	1	
22	· · · -	27		<u> </u>	-			g. Conticate of Otolog Desire	<u> </u>	Fee Re		· i
City & State	9	7	City & State					6. Election Campaign Finance	ing []	\$5.00		
23		28						Trust Fund Contribution		Added t	Fees	
Zip ,	Country		Zlp		Country	'	1	8. This corporation owes the	current year I	ntangible	-	
24	25	29		30				Personal Property Tax.			□No	١.
	9. Name and Address of Current	Regis	tered Agent				1	10. Name and Address of No	w Registere	d Agent		
					81	Name						,
	IEL, BRAM TER GATE OFFICE PARK				82	Street A	Address	s (P.O. Box Number is Not Acc	eptable)			
	BEE RIDGE RD, STE. A-5				B3	 						;
	ASOTA FL 34233									Jan 315 6		
{					84				F	L 85 Zip C		ļį
44 Discount	to the provisions of Sections 807 0502	and 6	n7 1508 Florida	a Statutes, th	ne abov	ie-named c	corporat	tion submits this statement for	the purpose	of changing its	registered	1
11. Pursuant	egistered agent, or both in the State of	Florid	ia. Such change	e Awas author	ized by	the corpor	ration's	board of directors, I hereby a	ccept the app	cjintment as rec	gistered	
l omce or n		-1	0 CO7 00	AC CLASIA				•	\sim			
agent. I at	to the provisions of Sections 607.0502 egistered agent, or both imme State of m familiar with, and accept the obligation	ohs of,	Section 607.05	5, Florida	Hatutés			•	7\	11/4	á 1	
agent. I at		$U \setminus A$	Section 507.05	1 / V f	/				Jyle	11/90	<u> </u>	3)(6
SIGNATURE	Signature, typed or printed pages of registered agent		Sapar 1	(NOTE: Regio	/	nt signature rec			£y/€	AND DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printeduppe of registered agent OFFICERS AND		Sapar 1	(NOTE: Regis	Sered Ager			nen reinstating)	£y/€		2	(1.1/98)
SIGNATURE 12.	Signature, typed or printedingole of registered aperior OFFICERS AND		Cyses /	(NOTE: Respi	Sered Ager 13.			nen reinstating)	£y/€	AND DIRECTO	RS IN 12	34.(11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed agent of registered agent OFFICERS AND D RIEGEL, BRAM	and less I	Cyses /	(NOTE Regi	13. 1.1 TITLE 1.2 NAME			nen reinstating)	£y/€	AND DIRECTO	RS IN 12	E034.(1.1/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY 57-209	Signature, typed or printed agent of registered agent OFFICERS AND D RIEGEL, BRAM	and less I	Cyses /	(MOTÉ: Ragio	13. 1.1 TITLE 1.2 NAME	nt signature rec		nen reinstating)	£y/€	AND DIRECTO	RS IN 12	-CR2E034.(1.1/98)
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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 specified 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 others in powered.

SIGNATURE:

SIGNATURE REQUIRE

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