1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600006916

1, Corporation Name

NUMIN FUNK PHOFESSIONAL CENTER ASSOCIATION, INC.									
Principal Place of Business Mailing Address							Bâliă alție igii	O 11010 0113 1901	
16110 N FLORIDA AVE 16110 N FLORIDA AVE									
LUTZ FL 33549 LUTZ FL 33549						DO NOT MIDITE IN THE CRACE			
US US						DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE		
						3. Date incorporated or Qualified 01/19/1996			
2 Drinning D	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
— ·	date of business .	2a. Maning Address				65-0750260		lot Applicable	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						_		Additional	
22 27						5. Certifcate of Status Desired	•	Required	
City & State	e ·	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	- عد به سرید	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year in		<b></b>	
24 25 29 30						Personal Property Tax.	Yes	No	
	9. Name and Address of Current	Registered Agent		04 -	lama	10. Name and Address of New Registered	Agent		
MESTERI IOUN				B1 N	lame				
WESTFALL, JOHN				82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			
16110 N FLORIDA AVE LUTZ FL 33549				83					
1014	2 FL 33349		ľ	83					
			8	84 (	City	FI	85 Zip	Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	Florida. Such change was authors of, Section 607.0505, Florida and title if applicable. (NOTE: Rec	orized to Statute	by the les.	corporatio	oration submits this statement for the purpose o		egistered	
12.	OFFICERS AND	DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT  Change		
TITLE	D WESTERLI JOHN	₩ DEFE IE	1.1 TITLE			John W. Westfall	F-1 0.10.190		
NAME	WESTFALL, JOHN		1.2 NAM		nocee	16110 N. Florida Ave			
STREET ADDRESS	16110 N FLORIDA AVE		1.3 STRE			Lutz, FL 33549			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP 2.1 TITLE		<del></del>	VP/D	☐ Change	Addition	
1			2.2 NAME			Leslie Saunders-O'De			
NAME CTOTET ADDRESS			2.2 NAM 2.3 STRE		DRESS	1535 N. Dale Mabry H			
STREET ADDRESS			2.3 STRE		h	Lutz, FL 33549	··· <u>y</u> •		
CITY-ST-ZIP		☐ DELETE	3.1 TITL		41	D	Change	Addition	
NAME			3.2 NAM			Carol A. Westfall			
STREET ADDRESS	· ~-	, . ਂਵ.	3.3 STRI		DRESS	16110 N. Florida Av	e.		
CITY-ST-ZIP	·		3.4. CITY		1	Lutz, FL 33549			
TITLE		☐ DELETE	4.1 TITL			D	☐ Change	Addition	
NAME	•	,	4. 2 NAM	ME		Jeremiah J. McCarthy			
STREET ADDRESS			4.3 STRI	REET AD	ORESS	1531 N. Dale Mabry H	wy.		
CITY-ST-ZIP			4.4 CITY	Y-ST-ZI	Р	Lutz, FL 33549			
TITLE		☐ DELETE	5.1 TITL	E		D	Change	e 🔀 Addition	
NAME			5.2 NAM			Rick Waterfield			
STREET ADDRESS			5.3 STR	REET AD	ORESS	1527 N. Dale Mabry H	wy.		
CITY-ST-ZIP			5.4 CITY		Р	Lutz, FL 33549			
TITLE		DELETE	6.1 TTL				Change	Addition	
NAME	• .		6.2 NAM			•			
STREET ADDRESS	Į.		6.3 STR	REET AD	DRESS				

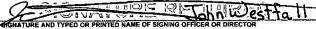
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP



(813)962-6544

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 042 \*\*\*150.00