Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90029 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000019237

1. Corporation Name

DAVID K. CROSSAN, P.T., INC.

						I	7 1021100 110 12110 21111 22111 22111
Principal Place of Business Mailing Address				_			
2532 EAGLES CI CLEARWATER FI US		2532 EAGLES CROSSING DRIVE CLEARWATER FL 33762 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
						ì	03/01/1996
2 Principal Place of Business 2a, Mailing Address						····	4. FEI Number Applied For
2. Principal Place of Business		26			•	•	59-3366055 Not Applicable
21		Suite, Apt. #, etc.			_		\$8.75 Additional
Suite, Apt. #, etc.		27				ì	5. Certificate of Status Desired  Fee Required
City & State		City & State					6. Election Campaign Financing \$5.00 May Be
	•	28	<b>⊢</b> ¬ ¯ ′′′				Trust Fund Contribution  Added to Fees  Added to Fees
Zip	Country	Zip		Country			8. This corporation owes the current year Intangible
<u> </u>	25	29	30	1		ļ	Personal Property Tax. Yes No
24 25 29 30 30 9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
9. Haine and Addiess of Carry 11 105-11-12					N	ame	
PATEL, SANDIP I C/O PATEL, MOORE & O'CONNOR, P.A.				_	82 Street Address		s (P.O. Box Number is Not Acceptable)
				82			s (P.O. Box Numbar is Not Acceptable)
2240 BELLEAIR ROAD, SUITE 160 CI FARWATER FL 33764			83	83			
				Í			
, OLL	WINAICHTE COTOT					ity	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida Statutes, the a						mad cornors	ation submits this statement for the numose of changing its registered
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					corporation's	s board of directors. I hereby accept the appointment as registered
SIGNATURE			NOTE: BO	oletorad Age	ot eigr	ature required wi	hea reinstaturo) DATE
Signature, typed of printed frame of registrate days.					ik sigi	- Talcilo Tadpiros III	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		OFFICERS AND DIRECTO		1.1 TITLE			Change Addi
TITLE	D DOCCAN DAVID K		☐ DELETE	1.2 NAME			•
NAME	CROSSAN, DAVID K 2532 EAGLES CROSSING DRIV	<i>I</i> C		1.3 STREE	TAND	PESS	
STREET AODRESS				1.4 CITY-ST-ZIP			
CITY-ST-ZIP	CLEARWATER FL				2.1 TITLE		☐ Change ☐ Addi
TITLE				2.2 NAME			
NAME				2.2 NAME	T ADD	DESS	, who
STREET ADDRESS							•
CITY-ST-ZIP			☐ DELETE	2. 4 CITY-	o I-ZII		☐ Change ☐ Addi
TITLE			☐ pereie				_ • -
NAME				3.2 NAME		1	

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 corpolation 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

☐ DELETE

5/99 (727) 571-4170 Date Phone #

(Change

Change

Change

Addition

Addition

☐ Addition

CR2E034 (11/98