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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000081736**1. Corporation Name

HARDEE	MEDICAL SERVICES, INC								
Principal Place	e of Business	Mailing Address				- 1 :00:1001 110 19110 01111 0	8:11 48: 11 88 :11 98 :10 1		11310 0111 1001
1008 SW 9TH AVE WAUCHULA FL 33873 US		1008 SW 9TH AVE WAUCHULA FL 33873 US			•	<u> </u>	WRITE IN THIS	SPACE	·
·:						3. Date Incorporated or Qua 09/30/1996	alifed		
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 59-3406812		Not	plied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗔	\$8.75 A Fee Rec	quired
- City & State	e	City & State		-		6. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 h Added to	
Zip 24	Country 25	Zip 29	Cour	itry		This corporation owes the Personal Property Tax. ,		Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of I	lew Registered	Agent	
NEG	iron, armando			81 Nar					·
1375	5 Bramblewood Dr. Eland Fl 33811			82 Stre	eet Addre	ess (P.O. Box Number is Not Ad	cceptable)		
CARE	ELAND I E GOOTI		Ł	84 City			· · ·	85 Zip C	Code
	-			'			<u> </u>	l i	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida, Such change was at	es, the ab uthorized	ove-name	ed corpo prporation	oration submits this statement for n's board of directorsI hereby	or the purpose of accept the appoir	changing its i itment as reg	registered gistered
agent, I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statu	tes.	,	•	,		1
agent, I a	im familiar with, and accept the obligation	ations of, Section 607.0505, Flor	ioa Statu	165.		,	^. DATE		
agent, I a	m familiar with, and accept the obligation of registered age	ent and title if applicable. (NOTE:	ioa Statu	165.		when reinstating) ADDITIONS/CHANGES T			
agent, I a SIGNATURE	im familiar with, and accept the obligation of support of printed name of registered age OFFICERS AN	ations of, Section 607.0505, Flor	Registered /	Agent signal		when reinstating)			
agent, I a SIGNATURE 12. TITLE	Signature, typod or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTE: ND DIRECTORS	Registered /	Agent signal		when reinstating)		D DIRECTO	RS IN 12
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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 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

STREET ADDRESS

941 601-9349

May 03, 1999 8:00 am Secretary of State

05-03-1999 90114 005 ***158.75