FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

TAMPA FL 33618

2a. Mailing Address

City & State

28

29

11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporati

Suite, Apt #, etc.

SUITE 101

10014 N DALE MABRY HWY

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

10014 N DALE MABRY HWY SUITE 101

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

TAMPA FL 33618



FL€RIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086939 (1)

Country

9. Name and Address of Current Registered Agent

25

TONEY, SAM D 15906 WINDING DRIVE

TAMPA FL 33624

SAM D. TONEY, M.D., P.A.

	•••••		••••		
DO NOT WRI		SPACE	-		
40/00/400e	u				
4. FEI Number			IAn	plied For	
NOT APPLICABLE		F	 -	t Applicable	
5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
This corporation owes or has Personal Property Tax due Ju	ne 30.	Yes		angible] No	
10. Name and Address of New I	Registered	Agent			
(P.O. Box Number is Not Accept	table) PR				
ESSA,	FL	85	Zip (556	
ition submits this statement for the s board of directors. I hereby acc	e purpose o cept the app	of chang pointme	ging its ent as	registered registered	
	4/28	198			
hen reinstating)	DATE	D DIE	0705	0.01.40	
ADDITIONS/CHANGES TO OF	FICERS AN		CTOR lange	S IN 12 Addition	
		ᆸ	unye	L_I AUGIIIOII	

FILED

May 18 1998 8:00am

Secretary of State

-	on temiliar with, and accept the shligations of, Section 49, 0505, Flo	rida Statutes.	ration's board of directors. I hereby accept the appointment as registers $4/2 \times 10^{-2}$
SIGNATURE		: Registered Agent signature requ	quired when reinstating) DATE
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST DELETE	1.1 TITLE	☐ Change ☐ Add
NAME (TONEY, SAM D	12 NAME	
STREET ADDRESS	15906 WINDING DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	PC C
City-ST-ZiP		2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	Change Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME]		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CRY-ST-ZIP		6.4 CITY-ST-ZIP	

Country

84 City

Street Address

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 of trustee empower do 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.

CICMATUDE:

am 12 to

4/2 /98

813-960-1955