Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90031 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088337

1. Corporation Name

CARON MARIE HOBSON, R.N., P.A.

		54.70 A 11				iät isiai ii	11 40 111 90 1	11(1) 1881 1881	
Principal Place of Business Mailing Address 2027 PRATTIE LANE 2027 PRATTIE LANE									
2627 BRATTLE LANE CLEARWATER FL 33761 US		2627 BRATTLE LANE CLEARWATER FL 33761							
		U\$			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed			_	
					10/25/1996				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			lied For	
21		26			59-3407296			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional	
22		27					Fee Rec		
City & Stat	le	City & State	,,		6. Election Campaign Financing		5.00	, ,	
23		28			Trust Fund Contribution		Added to	rees	
Zip Country		Zip	Country		8. This corporation owes the current year Intangible				
24	25		30		Personal Property Tax. 10. Name and Address of New Register				
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Register	au Agon			
CON	IETTA, TAMI F ESQ.		- -	1420					
	COURT STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)			,	
•	E 102			83					
: -	ARWATER FL 34616		~.	03					
V				84 City	·	85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						_ 1	ging its r	ragistared	
office or a	registered agent, or both, in the Sta	te of Florida. Such change was aut	thorized	hy the corpor	ration's board of directors. I hereby accept the ap	pointmer	nt as req	istered	
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statı	ites.	, , ,		Ŭ		
agent. I a		gations of Section 607.0505, Florid	da Stati	ites.					
agent. I a	Signature, typed or printed name of registered a	gations of, Section 607.0505, Florions	da Statu Registered	ites.	quired when reinstating) DATE				(80)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a	gations of Section 607.0505, Florid	da Stati	Agent signature re-		AND DI			11/08)
agent. I a SIGNATURE 12. IIILE	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Florid Ingent and title if applicable. (NOTE: F AND DIRECTORS	da Statu Registered 13.	Agent signature re-	quired when reinstating) DATE	AND DI	RECTO	RS IN 12	(11/08)
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agent. I a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / D HOBSON, CARON MARIE	gations of, Section 607.0505, Florid Ingent and title if applicable. (NOTE: F AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent signature re-	quired when reinstating) DATE	AND DI	RECTO	RS IN 12	CD2E034 (11/08)
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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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition