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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000090419**1. Corporation Name

THOMAS C. MORELL, M.D., P.A.

Principal Place of Business	Mailing Address
12451 TEAK CIRCLE	12451 TEAK CIRCLE
FT. MYERS FL 33913	FT. MYERS FL 33913

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90142 041 \*\*\*150.00



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						3. Date Incorporated or C	,uamed			
		<u> </u>				10/31/1996			the different	
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number		$\rightarrow$	olied For	
21		26				65-0714984			Applicable	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certifcate of Status De	cirod II '	Fee Red	dditional	
22		27	<del> </del>						·	<del></del> .
City & State	9	City & St	ate			6. Election Campaign Fin		5.00 i Added to		
23		28		<u> </u>	_	Trust Fund Contributio			rees	
Zip	Country	Zip	F	Country	1	8. This corporation owes	·		□No	
24	25	29	30			Personal Property Tax	·			
	9. Name and Address of Curr	ent Registered Age	nt	81	Name	10. Name and Address of	r New Registered Agen	<u> </u>		
MOE	OFIL THOMAS C			"	Name					
	RELL, THOMAS C			82	Street A	Address (P.O. Box Number is Not	Acceptable)			
12451 TEAK CIRCLE										
F1. I	MYERS FL 33913			83						
				84	City	, ru	E1 85	Zip C	ode	
				ļ_	<u> </u>	ti t	FL	ging ite	registered.	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 507.1508, Fi te of Florida. Such c gations of, Section 6	nange was autho 07.0505, Florida	rized by Statutes	the corpo	ration's board of directors. I herel	y accept the appointmen	nt as reg	istered	
SIGNATURE			QIOTE: D		<del> </del>	- industry	DATE			
	Signature, typed or printed name of registered a		(NO+E: Regi	13.	nt signature re	quired when reinstating)  ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTO	RS IN 12	98
12.				1.1 TITLE	1	ABBITIONS/CHANGES		Change	Addition	R2F034 (11/98)
TITLE	D	L	JOLCEIL				_		_	, <del>1</del>
NAME	MORELL, THOMAS C			1.2 NAME						్ట
STREET ADDRESS	12451 TEAK CIRCLE		1		TADDRESS				Ì	7
CITY-ST-ZIP	FT. MYERS FL 33913		3 perere	1.4 CITY-5	ST-ZIP			Change	Addition	. <u>C</u>
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NAME				2.2 NAME						i
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NAME				3.2 NAME						
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CITY-ST-ZIP	1				<u>1</u>					,

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.

SIGNATURE: