

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90001 050 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

*Baseline Diagnostics of Tampa*

Principal Place of Business

*678 Blairshire Circle  
Winter Park, FL 32792*

Mailing Address

*678 Blairshire Circle  
Winter Park, FL 32792*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*12-5-96*

2. Principal Place of Business

21 *678 Blairshire Circle*

2a. Mailing Address

26 *678 Blairshire Circle*

4. FEI Number

*59-3412755*

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

23 *Winter Park, FL*

City & State

28 *Winter Park, FL*

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

24 *32792*

25 *Orange*

Zip

Country

29 *32792*

30 *Orange*

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Jack Shepard  
678 Blairshire Circle  
Winter Park, FL  
32792*

81 Name

*N.A.*

82 Street Address (P.O. Box Number is Not Acceptable)

*N.A.*

83

*N.A.*

84 City

*N.A.*

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jack Shepard* Jack Shepard

*4-25-99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME *President*  
STREET ADDRESS *Jack Shepard*  
CITY-ST-ZIP *678 Blairshire Circle*  
*Winter Park, FL 32792*

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME *Vice President*  
STREET ADDRESS *Debbie Shepard*  
CITY-ST-ZIP *678 Blairshire Circle*  
*Winter Park, FL 32792*

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Jack Shepard* Jack Shepard

*4-25-99*

Date

*407-647-6757*

Daytime Phone #

CR2E034 (11/98)