

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 11, 1999 8:00 am
Secretary of State

05-11-1999 90046 021 ***150.00

DOCUMENT # P97000010552

1. Corporation Name

INTER-MEDIC MEDICAL GROUP, P.A.

Principal Place of Business

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0741457

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MOORE, JOHN L ESQ
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME ADHINARAYANAN, B
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME WAZNY, T
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ DELETE

NAME AMONTREE, J
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME SASLOW, H
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ DELETE

NAME MAAS, C
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME MELSER, M
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

045 0835

545603-90046-21
Doc# P97000010552 2

1999 PROFIT CORPORATION ANNUAL REPORT
INTER-MEDIC MEDICAL GROUP, P.A.
DOCUMENT #P97000010552
FEI NO. #65-0741457

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	P/D	Change	X - Addition
7.2	NAME	HOLT, WILLIAM		
7.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
7.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
8.1	TITLE	T/D	Change	X - Addition
8.2	NAME	OLIVER, JACINTO		
8.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
8.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
9.1	TITLE	V/D	Change	X - Addition
9.2	NAME	BAROUDI, ISSA F.		
9.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
9.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
10.1	TITLE	V/D	Change	X - Addition
10.2	NAME	BHAT, SALIGRAMA M.		
10.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
10.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
11.1	TITLE	V/D	Change	X - Addition
11.2	NAME	BRINSON, MICHAEL		
11.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
11.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
12.1	TITLE	V/D	Change	X - Addition
12.2	NAME	CHANDRAHASA, T.R.		
12.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
12.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
13.1	TITLE	V/D	Change	X - Addition
13.2	NAME	CIVITELLA, THOMAS		
13.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
13.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
14.1	TITLE	V/D	Change	X - Addition
14.2	NAME	CONNELLY, TERENCE		
14.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
14.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
15.1	TITLE	V/D	Change	X - Addition
15.2	NAME	DAVIS, MARK		
15.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
15.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
16.1	TITLE	V/D	Change	X - Addition
16.2	NAME	ESCHELMAN, A. ROBERT		
16.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
16.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		

-545603-90046-21
Doc# P97000010552

17.1	TITLE	V/D	Change	X - Addition
17.2	NAME	FABIAN, THOMAS M.		
17.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
17.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
18.1	TITLE	V/D	Change	X - Addition
18.2	NAME	HEAGNEY, M.		
18.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
18.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
19.1	TITLE	V/D	Change	X - Addition
19.2	NAME	LOPEZ, MARIO		
19.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
19.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
20.1	TITLE	V/D	Change	X - Addition
20.2	NAME	MAC DONALD, BRUCE D.		
20.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
20.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
21.1	TITLE	V/D	Change	X - Addition
21.2	NAME	NACKLEY, GEORGE		
21.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
21.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
22.1	TITLE	V/D	Change	X - Addition
22.2	NAME	PADMANABHAN, V.S.		
22.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
22.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
23.1	TITLE	V/D	Change	X - Addition
23.2	NAME	RIOUX, JOHN		
23.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
23.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
24.1	TITLE	V/D	Change	X - Addition
24.2	NAME	RODRIGUEZ, VICTOR		
24.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
24.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
25.1	TITLE	V/D	Change	X - Addition
25.2	NAME	SHRAYFEL, OLGA		
25.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
25.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
26.1	TITLE	V/D	Change	X - Addition
26.2	NAME	TAMAYO, NUMA J.		
26.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
26.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
27.1	TITLE	V/D	Change	X - Addition
27.2	NAME	TORNER, JAIME		
27.3	ST. ADDRESS	2885 TAMIAMI TRAIL		
27.4	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		