-- COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90008 029 ***150.00

DOCUMENT #

P97000012480

THE DOCTORS OF MANATEE, P.A.

Principal Place of Business 5404 60TH STREET EAST

Mailing Address

BRADENTON FL 34208

5404 60TH STREET EAST **BRADENTON FL 34208**

587951 - 90008 - 29

			3. Date Incorporated or Qualified		
Principal Place of Business 300 Riverside Dr. East 2a. Mailing Address 26 300 Riverside I			4. FEI Number	Applied For Not Applicable	
Suite, Apt#, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	rida	1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
⊢ • ⊢	•	Α	This corporation owes the current year Intangible Personal Property.	Yes No	
JACOBS, RICHARD O			10. Name and Address of New Registered Agent		
SUITE 300 CLEARWATER FL 34208					
			For ation submits this statement for the purpose of	-	
	26 300 Riverside Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Bradenton, Flor Zip Co 29 34208 30 1	26 300 Riverside Dr. Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Bradenton, Florida Zip Country 29 34208 30 U.S. ent Registered Agent 81 82 83	26 300 Riverside Dr. East Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Bradenton, Florida Zip Country 29 34208 30 U.S.A. ent Registered Agent 81 Name 82 Street Addres 83 84 City	26 300 Riverside Dr. East Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Bradenton, Florida Zip Zip Country 34208 29 34208 20 U. S. A. Intangible Personal Property. Ent Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Fig. Country 80 Steptage Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	

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	eoplicable (NO	TE: Registered Agent signature requ	uired when reinstating!			
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	Change Addition			
NAME	CALZADILLA, RAFAEL J. M		1.2 NAME				
STREET ADDRESS	2523 89TH ST, NW		1.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP				
TITLE	VP	DELETE	2.1 TITLE	Change Addition			
NAME	ESTEVEZ, FRANCISCO A. M	-	2.2 NAME				
STREET ADDRESS	5404 60TH ST, E		2.3 STREET ADDRESS	¥•			
CITY-ST-ZIP	BRADENTON FL 34203		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		_	3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME	•			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
44 1 1 1 1 1 1 1 1 1 1 1 1	stift, that the information appoliced with this file	a door not avalify for th	a avamption stated in sec	tion 119 07/3\/i) Florida Statutes I further certify that the information			

indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with 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 of 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 provide the receiver of the corporation of the corporation of the corporation of the corporation of 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 provide the receiver of the corporation of the co

SIGNATURE:

07/01/1999 (941)747-4661



THE DOCTORS OF MANATEE, P.A. FAMILY PRACTICE

300 Riverside Drive East, Sulte 2100 Bradenton, Florida 34208 Phone: (941):747-4661 Fax: (941) 746-5058

7032 Hwy 301 North Ellenton, Florida 34222 Phone: (941) 729-8200 Fax: (941) 723-2594

0012480

FRANCISCO A. ESTEVEZ, M.D., A.B.F.P. RAFAEL J. CALZADILLA, M.D., A.B.F.P. CARLOS I. ARIAS, M.D., A.B.F.P.

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee; FL 32314

Enclosed is our complete, updated 1999 Profit Corporation Annual Report. This is our first receipt of this packet as our business address has changed and apparently the first notice you sent we did not receive.

My Office Manager, Michelle Carmichael, spoke with Marie B. today and, as instructed, we have made our address corrections and enclosed our check for \$150.00.

Sincerely,

Francisco A. Estevez, M.D.