**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000070384

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90089 043 \*\*\*150.00

GROUP F	HEALTH SYSTEMS, INC.								
Principal Place	of Business	Mailing Address	-			I (ESITABLI IIA IBIII IABII ABIII	<b>Agira Ba</b> ran <b>Ba</b> ran r	8 8 12 8 8 18 8 11 1 1 1	<b>   </b>
4051 BERRYHILL RD			-			DO NOT W	RITE IN THIS	SPACE	
						Date Incorporated or Qualife			
						08/13/1997			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Apı	olied For
21		26				59-3453175		Not	Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				of definede of cause points		Fee Re	quired
City & State	<u> </u>	City & State				6. Election Campaign Financin	g □ ˙	\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the c	urrent year int		□No
24	9. Name and Address of Curre	29	30			Personal Property Tax.  10. Name and Address of New	v Registered		
	- Name and Address of Curr	aur vedisteren Adeur	-	81	Name	Hamp and Address of Her			-
BERR	Y, TINA		ļ						
	BERRYHILL RD			82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
	FL 32571		ì	83					
			L					[+-  <b>-</b> +-	
				84	City		FL	85 Zip C	ode
11. Pursuant to		502 and 607.1508, Florida Statut	INDANZEA	ove-r	named con	poration submits this statement for t	cept the appoi	ntment as re	istered
agent. I an	n familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statu	ites.				<u></u>	
agent. I an	n familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, Flo	Registered	ites.		red when reinstating)	DATE	<u></u>	
agent. I an SIGNATURE 12.	n familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	gations of, Section 607.0505, Flo	rida Statu	Agent s			DATE	<u></u>	
agent. I am SIGNATURE 12.	n familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A	gations of, Section 607.0505, Flogent and title if applicable.  (NOTE NO DIRECTORS	Registered	Agent s		red when reinstating)	DATE	ND DIRECTO	RS IN 12
agent, I am SIGNATURE  12.  TITLE NAME	n familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  D  BERRY, TINA	gations of, Section 607.0505, Flogent and title if applicable.  (NOTE NO DIRECTORS	Registered / 13.	Agent s LE ME	signature requir	red when reinstating)	DATE	ND DIRECTO	RS IN 12
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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.

SIGNATURE:



SCCJ-466-058