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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075313

NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE AND REHABILITATION, P.A.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90016 036 ***150.00



Principal Place	of Business	Ma	ailing Address									•				
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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 SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description 19.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(i), Florida Statutes, I further certify that I am an officer or director as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this annual report is true and annual report in the company of the exemption statutes in the information indicated on this annual report is true and annual report is true annual re