

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

02/002

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED

09 JUN 25 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078068

1. Corporation Name
ALAN JAMES CONSTRUCTION COMPANY



| | |
|--|--|
| Principal Place of Business 5100 95TH ST N #5 ST. PETERSBURG FL 33708 US | Mailing Address 5100 95TH ST N #5 ST. PETERSBURG FL 33708 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | |
|---|--------------------------------|--|
| 3. Date Incorporated or Qualified 09/09/1997 | 4. FEI Number 59-3469692 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|---|--|
| 2. Principal Place of Business 21 5100 95th S N Suite, Apt. #, etc. 22 #3 City & State 23 St Petersburg, FL Zip 24 33708 Country 25 Pinellas | 2a. Mailing Address 26 5100 95th St N Suite, Apt. #, etc. 27 #3 City & State 28 St. Petersburg, FL Zip 29 33708 Country 30 Pinellas |
|---|--|

9. Name and Address of Current Registered Agent

FARNUM, JAMES
14048 GULF BLVD
#5
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARNUM, JAMES | 1.2 NAME | |
| STREET ADDRESS | 14048 GULF BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADEIRA BEACH FL 33708 | 1.4 CITY-ST-ZIP | 100002921541-4 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | -07/01/99-01/00-002 |
| NAME | | 2.2 NAME | ***150.00 ***150.00 |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: James M. Farnum - James M. Farnum 113019927- 516-9163

CR2E034 (11/98)

JAMES M. FARNUM
14048 GULF BLVD. #5
MADEIRA BEACH, FL. 33708
Home Phone 727-393-7200

JUNE 2, 1999

ON MARCH 5, 1999 I HAD CANCER SUGEREY. I HAVE NOT BEEN ABLE TO WORK, NOR HAD I BEEN IN MY OFFICE SINCE THAT TIME.

I WENT TO MY OFFICE TODAY AND CAME UPON THIS FORM UNMAILED, SO I AM SENDING IT TO YOU NOW WITH MY 150.00. I HOPE THIS IS ACCEPTABLE, AS NOT WORKING FOR 3 MONTHS, AND BEING THE ONLY INCOME CREATOR, HAS PUT ME IN A FINANCIAL MESS.

THANK YOU!



JAMES M. FARNUM

ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.

Tax I.D. 59-3152125

P.O. BOX 22186
ST. PETERSBURG, FL 33742-2186
(727) 823-2188

ACCT# F51014

04/15/99

PATIENT: JAMES M FARNUM
GUARANTOR: JAMES M FARNUM
14048 GULF BLVD
ST PETERSBURG, FL 33708

| | |
|-------------------|---------|
| Patient Balance | 0.00 |
| Insurance Balance | 2205.00 |
| Total Balance | 2205.00 |

CHECK # _____

| DATE | PROCEDURE DESCRIPTION | AMOUNT | PAID/ADJ | INS DUE | PAT DUE |
|---|--|---------|----------|---------|---------|
| CHARGES | ARE FOR DOCTOR'S PROFESSIONAL SERVICES ONLY. | | | | |
| PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK. | | | | | |
| 03/05/99 | 00865-30 ANESTHESIA | 1375.00 | 0.00 | 1375.00 | |
| 03/05/99 | 62279 PAIN BLOCK | 500.00 | 0.00 | 500.00 | |
| 03/06/99 | 01996-30 DAILY HSPTL MGT EPID | 165.00 | 0.00 | 165.00 | |
| 03/07/99 | 01996-30 DAILY HSPTL MGT EPID | 165.00 | 0.00 | 165.00 | |
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|--------------|--------------|-------------------|
| TYPE OF BILL | DATE OF BILL | DATE OF PREV BILL |
| INAIL | 03/15/99 | |
| NP. | | |


St. Anthony's Hospital
 P.O. Box 861283 Orlando, Florida 32886-1293
 Phone 1-800-285-7568

-1275
 A NOT-FOR-PROFIT Hospital
 Licensed by the State of Florida

PAGE NO.

505
 505

| S | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION | DISCHARGE | DAYS |
|-------|--------------|----------------|-----|-----|-----------|-----------|------|
| ARNUM | JAMES M | 9718352250 | M | 55 | 03/05/99 | 03/08/99 | 3 |

| |
|-------------------|
| AMOUNT OF PAYMENT |
|-------------------|

| | | | | | |
|---------------------------|---|--------|------------------------|----------|---------------|
| GUARANTOR NAME NO ADDRESS | JAMES M FARNUM 14048 GULF BLVD MADIERA BEACH , FL 33708 | C.O.B. | INSURANCE COMPANY NAME | GROUP NO | POLICY NUMBER |
| | | 1 | PPO NETWORKS MISC | | 8953660010 |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
 To apply payment to credit card, Please use reverse side

| DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS. CO. NO. 1 | EST. COVERAGE INS. CO. NO. 2 | EST. COVERAGE INS. CO. NO. 3 | EST. COVERAGE INS. CO. NO. 4 | PATIENT AMOUNT |
|----------------------------------|--------------|-----------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| SUMMARY OF CHARGES | | | | | | | |
| IC SEMI-PR 3DAYS@ | 562.00 | 1686.00 | 1686.00 | | | | |
| ANESTHESIA | | 2284.00 | 2284.00 | | | | |
| DIAGNOSTIC X-RAY | | 110.00 | 110.00 | | | | |
| PHARMACY SA | | 125.73 | 125.73 | | | | |
| PHARMACY | | 4591.66 | 4591.66 | | | | |
| LABORATORY | | 2294.00 | 2294.00 | | | | |
| MED/SURG SUPPLIES | | 5252.00 | 5252.00 | | | | |
| OR SERVICES | | 7295.00 | 7295.00 | | | | |
| RECOVERY ROOM | | 1145.00 | 1145.00 | | | | |
| SUB-TOTAL OF CHARGES | | 24783.39 | 24783.39 | | | | |
| TOTALS | | 24783.39 | 24783.39 | | | | |

PATIENT NUMBER
 Please refer to Patient Number on All Invoices

ADDITIONAL PATIENT BILLING MAY BE NECESSARY
 FOR ANY CHARGES NOT POSTED WHEN THIS BILL

DAY TYPE AMOUNT