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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089352 (3)

KEWESHAN AND PETTINA, D.O., IPA, P.A.

Principal Place of Business Mailing Address

1245 CT. ST., STE. 102
CLEARWATER FL 33756 CLEARWATER FL 33756

FILED Mar 16 1998 8:00am Secretary of State



					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
·					10/16/1997	
	lace of Business	2a. Mailing Add	ress		4. FEI Number 59-3472905	Applied For
21		26			39-39 12-103	Not Applicable
Suite, Apt. #, etc.		• · · · · · ·	Suite, Apt. #, etc. 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	n	City & State				
23	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9. Name and Address of Cur				10. Name and Address of New Registered	Agent
GA	SSMAN, ALAN S		81	Name		
1245 CT. ST., STE. 102				82 Street Address (P.O. Box Number is Not Acceptable)		
	EARWATER FL 33756		82 Street Ad		adress (P.U. Box number is not acceptable)	
VLI	CANNAIGH TE 00700		83			
			<u> </u>			
	•		84	City	FL	85 Zip Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607.1508, Flori	da Statutes, the above	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Horida. Such char	ige was authorized by 0505. Florida Statutes	the corporation	on's board of directors. I hereby accept the ap-	pointment as registered
•	with the Book of the or	ngriderity or, executor cor	istor, i fortad Grandiae	•		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered Age	nt signature require	ed when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D Keweshaw	□ D	ELETE 1.FTITLE	- 1		☐ Change ☐ Addition
NAME	K ewegban , William T		12 NAME		•	
STREET ADDRESS	1245 CT. ST., STE. 102		1.3 STREET	ADDRESS		
CITY+ST-ZIP	CLEARWATER FL 33758		1.4 CITY-S	T-ZIP		
TITLE		∐D	ELETE 2.1 TITLE			L. Change L. Addition
NAME			2.2 NAME	ľ		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-5	T-ZIP		
TITLE		□ D	.			Change Addition
NAME			3 2 NAME	ļ		
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	T-2IP		
TATLE		□ 0	ELÉTÉ 4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY+ST-ZIP			4.4 CITY-S	I - ZIP	7	
TITLE		□ p				Change Addition
NAME			5 2 NAME	1		
STREET ADDRESS			5 3 STAEET	ADDRESS		
CITY - ST - ZIP			5.4 CITY-S	r-ZiP		
TITLE		□ D	ELETE 6.1 TITLE			☐ Change ☐ Addition
NAME .			. 6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-S	r-ZIP		

14. Thereby 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 eath; 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 13 if changed, or on an attractment with an address.

SIGNATURE:

Will I. Kaul

2/23/9 1
