

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096436 (5)

1. Corporation Name
PRODUCTS BY PHYSICIANS INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 0000
TAMPA FL 33601

POST OFFICE BOX 0000
TAMPA FL 33601

FILED
Oct 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 14502 N. DALE MABRY

26 14502 N. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #302

27 #302

23 TAMPA, FL

28 TAMPA, FL

24 Zip 33618-2072 Country

29 Zip 33618-2072 Country

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3476752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SANFORD, R. BLAIN CPA.
14502 N. DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 302

83

84 City

FL

85 Zip Code

33618-2072

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

TITLE D ☐ DELETE

NAME BROOKS, WILLIAM G JR. MD
STREET ADDRESS POST OFFICE BOX 3393
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ DELETE

NAME WEATHERS, LAURA S
STREET ADDRESS POST OFFICE BOX 3393
CITY-ST-ZIP TAMPA FL 33601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE S T ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002652368
-10/13/98--01010--038
***150.00

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.

SIGNATURE: X

RECEIVED

X 9/20/98

X (813) 831-3701

CR2E034 (5/98)

(2)

**PRODUCTS BY PHYSICIANS, INC.
14502 N. DALE MABRY, SUITE #302
TAMPA, FL 33618-2072**

September 15, 1998

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Products by Physicians, Inc.
FIN: 59-3476752
1998 Profit Corporation Annual Report
Second Notice**

Dear Sir/Madame:

I recently received the Second Notice of the 1998 Profit Corporation Annual Report for Products by Physicians, Inc. I was very surprised to receive a second notice since I did not recall receiving the initial report. When the corporation was formed, I was receiving mail for this corporation at a post office box. However, our mail related to this corporation has been something of a problem because we are in the process of building a house, our address has changed, and some mail for this corporation has been forwarded and some has not. I was unaware the Annual Report was due on May 1, 1998.

As a result of these difficulties, I have subsequently begun using a business address for this corporation as follows:

- Products by Physicians, Inc.
14502 N. Dale Mabry, Suite #302
Tampa, FL 33618-2072

Enclosed is the completed form and a check for \$150.00. I respectfully request that you abate the penalty of \$400 for submitting this report late since I did not intentionally disregard the filing deadline.

Thank you for your assistance in this matter.

Sincerely,



William G. Brooks, Jr., MD

enclosure
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