

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096436

1. Corporation Name

PRODUCTS BY PHYSICIANS INC.

Principal Place of Business

14502 N. Dale Mabry
#302
TAMPA FL 33618.2072

Mailing Address

14502 N. Dale Mabry
#302
Tampa FL 33618.2072

FILED

99 SEP 28 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/97

2. Principal Place of Business

21 2806 Baypointe Circle

Suite, Apt. #, etc.

22 City & State

23 Tampa FL 33611

24 Zip

33611

Country

2a. Mailing Address

26 2806 Baypointe Circle

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

29 Zip

33611

Country

30

4. FEI Number

69.3476752

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 the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SANFORD, R. BLAIN CPA
14502 N. Dale Mabry, Suite 302
Tampa, FL 33618.2072

10. Name and Address of New Registered Agent

81 Name

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

6613 THOROUGHGOOD LOOP

83

84 City

ODESSA

FL

85 Zip Code

33556

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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

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: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9/10/99 X 831-3701

KE

PRODUCTS BY PHYSICIANS, INC.

~~2806 DAYTON CIRCLE~~ P.O. Box 3393
TAMPA, FL 33611
23601

September 7, 1999

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
1999 Profit Corporation Annual Report

Dear Sir/Madame:

Enclosed is the 1999 Profit Corporation Annual Report for Products by Physicians, Inc. I became aware that I did not receive the initial report form or the second request form when my CPA prepared our corporate tax return and advised me the Corporate Annual Report had not been filed for 1999. Apparently, we did not receive the 1999 Corporate Annual Report because we moved our place of business to a new address during 1998. Please see the enclosed form for our new addresses.

I rely on my CPA to advise me and prepare my annual returns and reports, and I was unaware the Annual Report was due on May 1, 1999.

I have enclosed the completed form and a check for \$150. 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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