May 05, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State*-DIVISION OF CORPORATIONS

DOCUMENT # DOZOGOGGG

1. Corporatio	ODMAN, M.D., INC.	09900	•			* 562721-90			
Principal Plac	e of Business	Mailing Add	dress			1 10211421 (19 IIII) 16 ELI GRIN SAIN SAIN	8448 14418 18111 A	19:02 1(10: 110: 140:	
	EN BOOTH ROAD		LLEN BOOTH ROAD	D	•				
SUITE 205 SAFETY HARBOR FL 34695		Suite 205 Safety Harbor Fl 34895				DO NOT WRITE IN THIS SPACE			
AFEIT MANUR	JH FL 34695	SAFEI) DAD	IDUS FL 34030			3. Date incorporated or Qualifed			
						01/01/1998			
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For	
		26				59-34907	<u>75 🗆</u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, A	upt. #, etc.			5. Certificate of Status Desired		5 Additional	
		27	 			<u> </u>		e Required	
- City & Stat		City & S	Hato -			-6. Election Campaign Financing		00 May Be	
Zip	Country	28 Zip		Count		Trust Fund Contribution 8. This corporation owes the current year		100 10 1003	
- '	Country 25	29	30	•	•	Personal Property Tax.	VZ Yes	M No	
	9. Name and Address of Current			\vdash \vdash		10. Name and Address of New Register			
	1-21114 8-14 1-44-1-4- 31 8-41-411		12	8	1 Name				
GOODMAN, LESLIE A			8	2 Street Address	ss (P.O. Box Number is Not Acceptable)				
	I MCMULLEN BOOTH ROAD, STE	E. 205	205			SS (F.O. Box Number is not neceptable)			
SAFETY HARBOR FL 34695				8:	3				
				8	4 City		85 2	Zip Code	
				- 1	J		╼ ा _)	-	
agent. I a SIGNATURE	am ramitiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	it and title If applicable.			ent signature required i	ration submits this statement for the purpose's board of directors. I hereby accept the appropriate of directors and the second of directors. I hereby accept the appropriate of directors and the purpose of the purpos			
TLE	D		☐ DELETE	1.1 TITLE				CIORS IN 12	
AME	GOODMAN, LESLIE S				1	•	☐ Chan		
TREET ADDRESS	3231 MCMULLEN BOOTH ROAL	_		12 NAME	1				
TY-ST-ZIP		V		12 NAME	1				
ME	SAFETY HARBOR FL 34695	ט		12 NAME	ET ADDRESS	•	☐ Chan	ngs □ Addition	
			☐ DELETE	1.2 NAME	ET ADORESS ST-ZIP			ngs □ Addition	
				1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDRESS ST-ZIP		☐ Chan	ngs □ Addition	
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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 certify 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST-20P

SIGNATURE: _

NAME

STREET ADORESS

DELETE

Addition

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