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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000100453

1. Corporation Name

THOMAS F. HEGERT, M.D., INC.

| | | | | - |
|-----------|-------|----|----------|---|
| Principal | Place | of | Business | |

Mailing Address

1414 S. ORANGE AVE., ORHS PATHOLOGY ORLANDO FL 32806

1414 S. ORANGE AVE., ORHS PATHOLOGY ORLANDO FL 32806

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90081 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

| HEGERT, THOMAS F 12 NAME STREET ADDRESS 1414 S. ORANGE AVE., ORHS PATHOLOGY 13 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 DELETE 21 TITLE Change Additional control of the control | | | | | | | 11/24/1997 | | _ | |
|--|------------------|--|------------------------------------|--------------|--------|----------------------------------|--|----------------------------|-------------------------------|------------------------|
| Sulls, Apt. #, etc. Sulls, Apt. #, etc. | 2. Principa | l Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | Apr | plied For |
| Solite, Apt. 4, etc. 27 27 28 30 | 1 | | 26 | | | 59-3478645 | | Not | t Applicable | |
| City & State | – | pt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | • | | |
| Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name | | tate | | | | | 6 Flection Campaign Financing | | \$5.00 | May Re |
| Zip | ¬ · | | | | | | | | - | * (|
| Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent | | Country | | Cour | ntry | | | ent vear Int | angible | |
| 9. Name and Address of Current Registered Agent HEGERT, THOMAS F 1414 S. ORANGE AVE., ORHS PATHOLOGY ORLANDO FL 32808 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 lis 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. S. ORANGE AVE., ORHS PATHOLOGY 15. STREET ADDRESS 16. CITY-ST-ZP 16. Change Additional Control of Contr | | | | _ | | | · | o , oa | | □No |
| HEGERT, THOMAS F 1414 S. ORANGE AVE., ORHS PATHOLOGY ORLANDO FL 32806 14. Pursuant to the provisions of Sections 607 0502 and 607 1506, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 1 arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTILE DIRECTORS ORLANDO FL 32806 OR | 4 | | | 301 | | | | Registered | Agent | |
| 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 lts registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the expolariment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lts registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE 12 | HEGERT, THOMAS F | | | | | | | | | |
| 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 agent, are familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS ORLANDO FL 328006 14 14 S. ORANGE AVE., ORHS PATHOLOGY ORLANDO FL 328006 15 11 TITLE NAME 16 12 NAME 17 11 TITLE NAME 18 12 NAME 19 | | | DLOGY | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's Doard of directors. I filter by accept the appointment as registered agent, or both, in the Objections of, Section 607 .0505. Floridas Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D HEGERT, THOMAS F 12. NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE Additionable of the components and previous authorizations and previous required when mentations by a provided when mentations by a pr | | | | | 84 | City | | FL | 85 Zip C | Code |
| Control Cont | office o | or registered agent, or both, in the State o | if Florida. Such change was au | tnorizea | DV (F | named corp he corporation | poration submits this statement for the on's board of directors. I hereby accept | purpose of pt the appoi | changing its ntment as rec | registered gistered |
| 12. OFFICERS AND DIRECTORS | SIGNATUR | Elementure throad or printed name of registered agents | and title if applicable. (NOTE: | Registered | Agent | signature require | ed when reinstating) | DATE | | — i |
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| STATES AND STATES | | =30 | | | | ŧ | | | | |
| 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 | UTY-ST-ZIP | by certify that the information supplied with | h this filing does not qualify for | | | | Section 119.07(3)(i). Florida Statutes. | I further cer | tify that the i | nformation |

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 chapter 607 or an attanhment with an address, with all other like empowered.