PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000013540

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SEBRING PYCHIATRY, P.A.									
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Principal Place	e of Business	Mailing Address			i	1 (48)1941 118 18181 1818 1818			
437 S. PINE STREET 437 S. PINE STREET									
SEBRING FL 33870 SEBRING FL 33870					- 1	DO NOT WRITE IN THIS SPACE			
	•				ı	3. Date incorporated or Qualifed			
	•				ì	02/09/1998			·i
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number 00/39/	2	Applied	d For
21		26				65-08/396			plicable
Suite, Apt. #; etc.			•			5. Certificate of Status Desired		75 Addit se Requir	
22 City 8 Start		City & State				& Election Compaign Eigensings			
City & State		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ar Intangible		
24	25 .	29	30	-		Personal Property Tax.	☐ Yes		Vo.
	9. Name and Address of Current			I		10. Name and Address of New Regist	ered Agent		
	PETU I DOCC CCO		_	81 Name					1
Macbeth, J. Ross Eso 2543 U.S. 27 South				82 Street Address (P.O. Box Number is Not Acceptable)					
	7 U.S. 27 300111 RING FL 33870						_		
- 0111	1443 1 2 300/0			83					
				84 City			FL 85	Zip Code	9
11 Duranant	to the provisions of Sections 607 0500	and 607 1508. Florida Statut	es the a	hove-named	comon	ation submits this statement for the purpo	se of changing	ng its regi	istered
വന്റെ വെ	enistered agent, of both, in the State (of Florida. Such charide was a	илопиес	py the corp	oration'	s board of directors. I hereby accept the	appointment	as registe	ered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fig	moa Stat	utes.					i
									1
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE	: Registered	Agent signature	equired w				
SIGNATURE	OFFICERS AN	D DIRECTORS	Registered	Agent signature	equired w	han reunstating) OA ADDITIONS/CHANGES TO OFFICER	S AND DIRE		IN 12
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ahrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in meet with ap artifess, with all other like empowered. indicated on this annual report or supplements officer or director of the corporation of the reciblock 12 or Block 13 if changed, or on an apa

SIGNATURE: