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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022473

1. Corporation Name
JOSE R. FORADADA, III, M.D., P.A.

Principal Place of Business	Mailing Address
6710 CHARMING KNOLL COURT TAMPA FL 33635	6710 CHARMING KNOLL COURT TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 2901 W. St. Isabel St. (Street)	26 2901 W. St. Isabel St. (Street)	03/10/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 Suite D	27 Suite D	59-3499487	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Tampa, Florida	28 Tampa, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year intangible Personal Property Tax:	☒ Yes ☐ No
24 33607 25 Hillsborough	29 33607 30 Hillsborough		

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J
101 EAST KENNEDY BLVD SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: John C. Landolfi, CPA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3710 De Leon Street
83 Tampa, Fl. 33609
84 City: FL 85 Zip Code

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: John C. Landolfi 5/12/99
Signature, typed or printed name of Registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jose R. Foradada, III, M.D., P.A. 2901 W. St. Isabel Street Suite D Tampa, Fl. 33607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Jose R. Foradada, III, M.D., P.A. 2901 W. St. Isabel Street, Suite D Tampa, Fl. 33607	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED — 3/29/99 — (813) 876-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (11/97)