**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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738-5505

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000040710

Corporation Name

UR. GAIL A. LATEIEF, D.O., PA				
rincipal Place of Business	Mailing Address			
85 MEADOWVIEW LANE	3185 MEADOWVIEW LANE			
LM HARBOR FL 34683	PALM HARBOR FL 34883		DO NOT WRITE IN THIS SPACE	
13201 Dalsingham Rel			3. Date Incorporated or Qualifed	
Largo FC 33774			05/01/1998	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1234 Royal Oak Drive	26 1234 Royal Oal	k Drive	59-3513092	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		\$8.	75 Additional
•	27		Fe Fe	e Required
City & State	City & State	7,600 2112		.00 May Be
Dunedin, FL 34698-3113	28 Dunedin, FL 3		Trust Fund Contribution Add	ded to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	□No
25 Pinellas		o Pinellas	Personal Property Tax. A Yes  10. Name and Address of New Registered Agent	
9. Name and Address of Current	Registered Agent	81 Name	TU. Mame and Address of New Registered Agent	
MCATEE, CAROL		1 1	Gail Latlief	
5156 CENTRAL AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable) 234 Royal Oak Drive	
			234 Royal Oak Blive	
ST. PETERSBURG FL 33707		83		
		84 City _	85	Zip 688
		1   D	uned in FL	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation of the state of the	a .	agestared Agent signature req	uired when reinstating) DATE	
SNATURE Signature, typed or priviled napply of registered aper	and the Happingho. (NOTE: R		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
SIGNATURE Signature, typod or private negral of registered ager OFFICERS AND	and the Mappicable. (NOTE: R) DIRECTORS DELETE	13.	uired when reinstating) DATE	CTORS IN 12
SNATURE Signature, typod or prohiped negretioned agent DFFICERS AND	and the Wappilicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
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SNATURE  Signature, typod or probled mappy of registance agents  DFFICERS AND  E  Gail A. Latlief Do.  EETADORESS 1234 Royal Oak T  ST.ZIP Duncelin SC 36  E	and the if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12 ange Addition
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SNATURE  Signature, typod of problem apply of registered agent  E  President  E  Gail A. Latlief Do.  EETADDRESS 1234 Royal Oak T  ST. ZIP Duncellin SC 36  E  E	and the if applicable. (NOTE: R) D DIRECTORS DELETE OF:	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12 ange Addition
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SNATURE  Signatura, typod or prohibit naprej of registrated agent  DFFICERS AND  E  Cail A. Latlief Do.  EETADDRESS  1234 Royal Oak T  ST.ZP  DLUNCALING SC  E  EETADDRESS  -ST.ZP  E  E  EETADDRESS  -ST.ZP  E  E  E  E  E  E  E  E  E  E  E  E  E	ond the if applicable. (NOTE: R) D DIRECTORS D DELETE  OF .  46 9 8	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRE  N-A.	ECTORS IN 12 ange
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SNATURE  Signature, typod of problem apply of Fogstand agent  E  President  E  Gail A. Latlief Do.  EETADORESS  1234 Royal Oak T  ST.ZP  DLUNCALING  E  EETADORESS  F-ST-ZP  E  E  EETADORESS  F-ST-ZP  E  E  EETADORESS  F-ST-ZP  E  E  E  E  E  E  E  E  E  E  E  E  E	O DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRE  **N-A**    Cha	ECTORS IN 12 ange
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