

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90165 029 ***150.00

DOCUMENT # P98000070264

1. Corporation Name

COUNTY LINE ROAD PHYSICIANS, INC.

Principal Place of Business

13028 COUNTY LINE ROAD
HUDSON FL 34667

Mailing Address

13028 COUNTY LINE ROAD
HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAPOLITANO, PETER A
7617 LITTLE ROAD
NEW PORT RICHEY FL 34654-5525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LAMBA, RAJENDER S
STREET ADDRESS 13028 COUNTY LINE ROAD
CITY-ST-ZIP HUDSON FL 34667

DELETE

TITLE DV
NAME SIDHOM, GEORGE
STREET ADDRESS 14540 CORTEZ BOULEVARD SUITE 105
CITY-ST-ZIP BROOKSVILLE FL 34613

☐ DELETE

TITLE TD
NAME STOLTE, KEITH B
STREET ADDRESS 14540 CORTEZ BOULEVARD SUITE 125
CITY-ST-ZIP BROOKSVILLE FL 34613

☒ DELETE

TITLE DS
NAME MEHTA, MUKESH
STREET ADDRESS 700 DESOTO AVENUE
CITY-ST-ZIP BROOKSVILLE FL 34601

☐ DELETE

TITLE D
NAME DOLGIN, SANFORD R
STREET ADDRESS 4700 NORTH HABANA AVENUE
CITY-ST-ZIP TAMPA FL 33614

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Secretary / Treasurer
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE President ☒ Change ☐ Addition
4.2 NAME Director
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *K. Napolitano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)