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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000087967

LINDA I RADILLO, M.D., P.A.

## FILED Feb 18, 1999 8:00 am Secretary of State

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Principal Plan	e of Business	Mailing Address				תונים ווושו נוחוד וחוסו שנו המחוומטיו ו	) <b>ag</b> il <b>a bala</b> a ialki laabu l	8)28 B)))) 19 <b>9</b> 2 248	A .
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NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652			652	2		· DO NOT WRIT	E IN THIS SPACE		
						3. Date Incorporated or Qualified			Ì
						10/14/1998		<u> </u>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- 100	Applied For	_ \ \frac{1}{2}
21 Suite, Apt.	# 010	Suite, Apt. #, etc.				57-72512	208 T	Not Applicable  5 Additional	•
22 Suite, Apr.	. w, etc.	27			_	5. Certificate of Status Desired	1 1 7	Required	
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23		28	<del></del>			Trust Fund Contribution	Add	ed to Fees	
Zτρ	Country	Zip 29	30	country		8. This corporation owes the curre Personal Property Tax.	nt year Intangible XYes	□No	
24	9. Name and Address of Current	<u> </u>	1301			10. Name and Address of New Ro			コ
845	MILO INDA LAG			81	Name				
	HILLO, LINDA J M.D. B GRAND BLVD., STE. #4801			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		$\neg$
	V PORT RICHEY FL 34652			83		N 307148 307 434	<u>4                                  </u>	<u>a (5) (5,000,000,000</u> Ulio 4 (5,000,000,000)	$\dashv$
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office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	A Florida. Such change was a	MUTORIZ	ted by t	не сосросаво	oration submits this statement for the p in's board of directors, I hereby accept	urpose of changing the appointment as	its registered registered	
SIGNATURE	IIII IZIIIIII WIIII, ZIIU ZOOOPI UIO ODIIGAD	ons of about to 15000, Fit	1000		• •				
	Signature, typed or printed name of registered agent				signature required	when reinstating)	DATE CLASS CORRE	TODG IN 40	<u>ء</u> َ إ
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4. Thereby 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 empoyered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date Depline Phone #