PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90017 022 ***150.00

1. Corporation Name		
TAYLOR COUNTY INDEPENDENT PHYSICIANS ASSOCIATION,		
P.A.		
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P.A.	COUNTY INDEPENDENT I	Physicians associa	IUN,				
Principal Place	e of Business	Malling Address			I \$0015001 Sto soud: noist obsite deter in	Bir Marie (Arf. 1188) itaa	I HIJIH BUN IBUN
C/O MILES NEI 1218 N PEACO PERRY FL 3234	LSON CK AVE	C/O MILES NELSON 1218 N PEACOCK AVE PERRY FL 32347			DO NOT WRITE	IN THIS SPACE	·
					3. Date Incorporated or Qualifed 11/01/1998		
2. Principal Pi	lace of Business	2a. Mailing Address			A CCI Number	· 🚣 🗀	piled For
1 Suite, Apt.	# otc	Suite, Apt. #, etc.			_	_ \$8.75 /	ot Applicable Additional
2		27			5. Certificate of Status Desired L	Fee Re	
City & State	0	City & State			8. Election Campaign Financing	\$5.00 Added i	May Be
Zip	Country	Zip	Count	7	Trust Fund Contribution -8. This corporation owes the current		
	25	29	30	-,	Personal Property Tax.	☐ Yes	No
<u>' </u>	9. Name and Address of Currel				10. Name and Address of New Reg	Istered Agent	<u> </u>
			8	1 Name			
	SON, MILES V BIN PEACOCK AVE		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	RY FL 32347		8	13			_
			_	4 02		85 Zip 0	Code
			1	4 City		FL!"	
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statut of Florida. Such change was a	es, the abouthorized b	ove-named co by the corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept th	pose of changing its a appointment as re	registered gistered
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligation Signeture, typed or printed name of registered age					DATÉ	
SIGNATURE	Signeture, typed or printed name of registered age	ont and title if applicable. (NOTE	: Registered Ag	pent elignature requ		DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	rit and title if applicable. (NOTE	13.	gent eignature requ	ired when reinstating)	DATÉ	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN D AFSH, KHALIL	ont and title if applicable. (NOTE	: Registered Ag 13. 1.1 TITLE	gent elignature requ	ired when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE VAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D AFSH, KHALIL 1706 S JEFFERSON ST	nt and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent eignature requi	ired when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D AFSH, KHALIL	nt and title if applicable. (NOTE	: Registered Ag 13. 1.1 TITLE	ent eignature require	ired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN D AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS	on and title if applicable. (NOTE NO DIRECTORS	1.3 TITLE 1.2 NAME 1.3 STREE 1.4 CTY	ent eignature requirement eignature	ired when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TILE WARE STREET ADDRESS CITY-ST-ZIP TILE WAME	OFFICERS AND OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE	on and title if applicable. (NOTE NO DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 22 NAME 23 STRE	E E E E E E E E E E E E E E E E E E E	ired when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE 112. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347	on and title if applicable. (NOTE NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CTTY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CTTY	E E E E E E E E E E E E E E E E E E E	ired when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE 112. ITTLE WME STREET ADDRESS CITY-ST-ZIP ITTLE WME STREET ADDRESS CITY-ST-ZIP ITTLE	OFFICERS AND OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347 D	on and title if applicable. (NOTE NO DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 22 NAME 23 STRE	E E E E E E E E E E E E E E E E E E E	ired when reinstating)	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition
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SIGNATURE 112. ITTLE WAVE STREET ADDRESS CITY-ST-ZIP ITTLE WAVE STREET ADDRESS CITY-ST-ZIP ITTLE WAVE W	Signeture, typed or priviled name of registered age OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347 D HIDALGO, CESAR	IN and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.4 CITY. 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	E E ADDRESS - ST-ZIP E E ADDRESS - ST-ZIP E E - ADDRESS - ST-ZIP E TADDRESS - ST-ZIP E TADDRESS - ST-ZIP	ired when reinstating)	DATE ERS AND DIRECTO Change Change	PRS IN 12 Addition Addition
SIGNATURE 112. ITTLE WME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347 D HIDALGO, CESAR 1209 N CENTER ST PERRY FL 32347 D	on and title if applicable. (NOTE NO DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	E E ADDRESS - ST-ZIP E E ADDRESS - ST-ZIP	ired when reinstating)	DATE ERS AND DIRECTO Change Change	
SIGNATURE 12. ITTLE IMME STREET ADDRESS CITY-ST-ZIP ITTLE UAME UAME STREET ADDRESS CITY-ST-ZIP ITTLE UAME	Signeture, typed or printed name of registered age OFFICERS AN D AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347 D HIDALGO, CESAR 1209 N CENTER ST PERRY FL 32347 D JOHNSON, JAMES	IN and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 NAME 4.3 NAME 4.4	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E -ST-ZIP E -ST-ZIP E -ST-ZIP	ired when reinstating)	DATE ERS AND DIRECTO Change Change	PRS IN 12 Addition Addition
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SIGNATURE 12. ITTLE WAME STREET ADDRESS STLY-ST-ZIP ITTLE WAME	OFFICERS AND OFFICERS AND OFFICERS AND AFSH, KHALIL 1706 S JEFFERSON ST PERRY FL 32347 D HAMDAN, FIRAS 1224 N PEACOCK AVE PERRY FL 32347 D HIDALGO, CESAR 1209 N CENTER ST PERRY FL 32347 D JOHNSON, JAMES 3329 GREEN FARM RD PERRY FL 32347	ON and title if applicable. (NOTE ID DELETE DELETE DELETE DELETE	13 TITLE 22 NAME 3.3 STRE 2.4 CITY 4.1 TITLE 4.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 NAME 5.3 NAME 5.4 CITY 5.1 TITLE 5.2 NAME 5.3 NAME 5.4 NAME 5.4 NAME 5.4 NAME 5.5 NAME	E E EET ADDRESS	ired when reinstating)	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
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officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attaching in

SIGNATURE:\