

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90062 032 ***150.00

DOCUMENT # P98000092205

1. Corporation Name

HILLSBOROUGH MEDICAL CLINIC, INC.

Principal Place of Business

2560 ENTERPRISE ROAD EAST SUITE A
CLEARWATER FL 33759

Mailing Address

2560 ENTERPRISE ROAD EAST SUITE A
CLEARWATER FL 33759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1998

4. FEI Number

59-3540405

Applied For

No: Applicable

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

2. Principal Place of Business

21 8001 N. DALE MABRY

Suite, Apt. #, etc.

22 501-P

City & State

23 TAMPA FL

Zip

24 33614

Country

25 US

2a. Mailing Address

26 P.O. BOX 15233

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 33766-5233

Country

30

9. Name and Address of Current Registered Agent

ALBINSON, JEFF
4625 EAST BAY DRIVE SUITE 223
CLEARWATER FL 34624

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 607.0507 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 D ☐ DELETE

NAME WOLSTEIN, BRIAN
STREET ADDRESS 2560 ENTERPRISE ROAD EAST STE. A
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ DELETE

NAME CONNELLY, FRANK
STREET ADDRESS 2560 ENTERPRISE ROAD EAST SUITE A
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ DELETE

NAME AL-ANDARY, HAZEM F
STREET ADDRESS 8001 N. DALE MABRY SUITE 601A
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME WOLSTEIN, BRIAN
1.3 STREET ADDRESS P.O. BOX 15233
1.4 CITY-ST-ZIP CLEARWATER, FL 33766-5233

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME CONNELLY, FRANK
2.3 STREET ADDRESS P.O. BOX 15233
2.4 CITY-ST-ZIP CLEARWATER, FL 33766-5233

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME AL-ANDARY, HAZEM
3.3 STREET ADDRESS P.O. BOX 15233
3.4 CITY-ST-ZIP CLEARWATER, FL 33766-5233

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)