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CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101703

FILED Mar 01, 1999 8:00 am Secretary of State

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H-V- FAM	INTUAN, M.D., P.A.					1 (30 1/ 50) (40 14/6) (80/7 35 /1/5 50 /7) 1	Pigi ((6 1; 61 ;	# # ##################################	4 4. 1731 2 7.0 4 14 1 1731 1 11 1
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Principal Place of Business Mailing Address 10003-133RD ST., N. 10003-133RD ST., N. SEMINOLE FL 33776 SEMINOLE FL 33776					1				
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					3	Date Incorporated or Qualifed	·= .		
						12/03/1998		7 14-	- I - 1 F - 1
2. Principal P	Mace of Business	2a. Mailing Address			- 1	59-168933	7	Not	plied For Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.			5	. Certificate of Status Desired		\$8.75 A	
City & Stal	le	City & State	-		6	. Election Campaign Financing	 []	\$5.00	· ·
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zìp	Country	Ziρ	Country	<i>y</i>	18	. This corporation owes the curren	it year intar	gible	Gu-isi
24	25	29	30			1 dibonos i toparty van			□ No ·
	9. Name and Address of Curre	nt Registered Agent	81	l Name	- 10). Name and Address of New Re	distates w	16ur	 -
CALE	B. ROBERT T		*'	Name					
	3-133RD ST., N.		82	Street A	vddress (P.O. Box Number is Not Acceptab	ks)		{
	NOLE FL 33778		83				——		
SEMI	NOLE FL 33776		**	'					
			84	City			EL	85 Zip C	ode
						<u> </u>			torina d
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a ations of, Section 607.0605, Flo	uthorized by rida Statute:	the corpor	ration's I	poard of directors. I hereby accept	the appoint	ment as reg	ustered
SIGNATURE	Signature, typed or printed name of regulared agr	ent and title if applicable. (NOTE	Registered Age	al signature rec	curred when		DATE		6
12.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12 9
TITLE	D			l a		ADDITIONO/CIPCIOLO TO C. T.			T
	1-	☐ DELETE	1.1 TITLE	[10	P. V.	T. S.		Change	Addition
NAME	PAMINTUAN, R V M.D.	☐ DELETE	1.1 TITLE 12 NAME	1	P. ∨.`			Change	Addition
NAME STREET ADDRESS	PAMINTUAN, R V M.D.	(_] DELETE	12 NAME	TADDRESS	P. ∨. '			Change	Addition
	PAMINTUAN, R V M.D.		12 NAME 13 STREE 14 CITY-5	TADORESS	₽. ∨. `				Addition
STREET ADDRESS	PAMINTUAN, R V M.D. 14650 PINE DR.	☐ DELETE	12 NAME 13 STREE	TADORESS	P. V.			☐ Change	RS IN 12 Addition
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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 eath; that I eman officer or director of the corporation or the proceiver 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, ogoly an appearament with an address, with all other like empowered.

SIGNATURE: