PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POROON 106005

Katherine Harris

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Secretary of State

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90264 050 ***150.00

1. Corporation HOUSE P	PHYSICIAN, INC.	00333							
Principal Place	e of Rusiness	Mailing Address				<u> </u>	DOSE I HENI BOU	A DIŞID IBICA COL	OT DESI TROP
13136 RIVERGATE CT. 13136 RIVERGATE CT.					-				
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223									
770100717122 1 2 2222						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/23/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	,		lied For
21		26				59-355446	<u>/_</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·	- \$8.75 Ad Fee Req	
22		27							
City & Stat	e	City & State	-			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	Country	Zip	Country			8. This corporation owes the curre			٦ ا
24	25 29		30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81	Neces		10. Name and Address of New R	egistered A	gent	
SEAC	DAVE DEMONT		01	Name					
	RAVE, DEMONT S RIVERGATE CT		82			s (P.O. Box Number is Not Acceptal	ble)		
	SONVILLE FL 32223		-						
JACK	SOMVILLE PL 32223		83						ļ
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute: office or registered agent, or both, in the State of Florida. Such change was au			84	City			FL	85 Zip Co	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Ager	nt signature requ	uired wt	nen reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOF	
TITLE		☐ DELETE	1.1 TITLE		Pi	LES/TREAS		Change	Addition
NAME			1.2 NAME		V	ISLLEAGE K. SE	4600	WE	Į
STREET ADDRESS			1.3 STREET	TADORESS	7	3136 RIVEAG.	ATT /	2	
CITY-ST-ZIP		1,4		T-ZIP		TALKSON VILLE	<i>a.</i> 33	22'3	
TITLE		☐ DELETE	2.1 TITLE		Ý.	P. / SECRETAR	. ~	Change	Addition
NAME			2.2 NAME	1	D	BARAGE SEAR	O AUNT		}
STREET ADDRESS			2.3 STREET ADDRESS		12	136 REVERLA		7.	-]
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		ACTESONYTHE, FL	.3222	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		_	,		∐ Change	☐ Addition
NAME			32 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				Change	Addition
TITLE		☐ DELETE	4.1 TITLE	}				Change	☐ Yaqqanıı [
NAME			4. 2 NAME	i					
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	T-ZiP				Change	☐ Addition
TITLE		□ ntrc (c	5.1 TITLE 5.2 NAME					دواست د	
NAME			1	TADORESS					
STREET ADDRESS			5.4 CITY-S	i					
CITY-ST-ZIP		DELETE	6.1 TITLE		·-···			Change	Addition
TITLE		- Other	6,2 NAME						
NAME OTDEET ADDRESS				TADORESS					
STREET ADDRESS									

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. Forida Statutes; and that my pame appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: