**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90009 014 \*\*\*550.00

## **DOCUMENT # S00397**

PETER G. BALLAS II, M.D., INC.

					/				
Principal Place of Business Mailing Address						r semesene der Barit merika einer da	ili 1881 BIĞLI GI	All Graft Biati a	(1811 B/B/) 1881
16244 S MILITARY TRAIL #290 16244 S MILITARY TRAIL #290 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484			90						
SECURI SERVICE SOLO					DO NOT WRITE IN THIS SPACE				
					Ī	3. Date incorporated or Qualifed			
					,	09/18/1990			
2. Principal P	lace of Business	2a. Mailing Address	Anda	- T-		4. FEI Number		Ар	plied For
21		26 350 Frontage	Roa		<b>7</b> 3,	65-02 19869		No	t Applicable
-Suite, Apt.	#, etc:	27 Suite, Apt. #, etc.				5. Certificate of Status Desired		— <b>\$8.75</b> -≜ Fee Re	
City & State	e	City & State	. ,			6. Election Campaign Financing		\$5.00	May Be
23		28 Tampa, Flori	da			Trust Fund Contribution	Ġ	Added t	
Zip	Country	Zip	Country			8. This corporation owes the curr	ent year Inta	 angible	
24	25	29 33607 30			1	Personal Property Tax.		Yes	MNo _
Name and Address of Current Registered Agent						10. Name and Address of New R	Registered A	Agent	
LIPATHOPAIC A MOTEL				Name					
HENTHORNE, A. KEITH				Street	Addres	s (P.O. Box Number is Not Accepta	ible)	_	
3507 FRONTAGE ROAD									
SUITE 180									j
* TAMPA FL 33607				City				85 Zip C	ode -
							FL		
office or nagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent	f Florida. Such change was auth ons of, Section 607.0505, Florid	orized by a Statutes.	the corp	oration				
12.	OFFICERS AND		13.		•	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		Pres	ident and Director		Change	☐ Addition
NAME -	BALLAS, PETER G. II	• •	1.2 NAME		Keit	h Heathorne			
STREET ADDRESS	16244 S MILITARY TR #290		1.3 STREET	ADDRESS	350	7 Frontage Road			)
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST	- <i>7</i> IP	Tan	10a FL 33607			
TITLE	ST	<b>X</b> DELETE	2.1 TITLE		2010	ctor		Change .	Addition
NAME	BALLAS, PETER'G. II		2.2 NAME	-4		Dirks	_		-
STREET ADDRESS	16244 S MILITARY TR #290	· · · · · · · · · · · · · · · · · · ·	2.3 STREET	ADDRESS		7 Frontage Road			
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-S	T-ZIP	700	upa, Florida 33607		•	Ì
TITLE		☐ DELETE	3.1 TITLE		Can	do la or		Change	Addition
NAME			3.2 NAME		Ala	n Weiner of Frontage Road npa, Florida 3360		-	
STREET ADDRESS			3.3 STREET	ADDRESS	350	or Frontage Road			
CITY-ST-ZIP			3.4. CITY-S	r-ZIP	Tan	noa. Florida 3360	27		
TITLE		☐ DELETE	4.1 TITLE		1	1		Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST						
TITLE		☐ DELETE	5.1 TITLE		1			☐ Change	☐ Addition
NAME			5.2 NAME		İ				
-STREET ADDRESS			5.3 STREET	ADDRESS				<del></del>	

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 to one an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition