FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01517

FOLKMAN'S FAMILY PRACTICE AND ASSOCIATES, P.A.

| 8313 W HILLS BOROUGH AVE BLDG #300 TAMPA FL 33815 US | | | 8313 W HILLS BOROUGH AVE BLDG #300 TAMPA FL 33615 US | | | | - 1 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1990 | | | | | | | |
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| 3 Dringing O | non of Purinees | 2a. | Mailing Address | | | | | FEI Number | | | | | Appli | ied For | |
| 2. Principal Place of Business | | | 26 | | | | | 59-3028091 | l | | | - | Not / | Applicable | |
| 21 Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | Certifcate of Si | | d [| J | | 75 Ad e Regi | Iditional | .# , |
| 22 | | 27 | | | | | - | | | 1 | | | | | |
| City & State | | | City & State | | | - 1 | Election Camp Trust Fund Co | - | ing (| | | .UU M ded to | lay Be | | |
| 23 | 0 | 28 | Zip | Cor | untry | | | This corporation | | curren | t vear Int | | 100 10 | | |
| Zip | Country | | ZIP | 30 | us iti y | | | Personal Prop | | Curren | year in | Yes | | □No | ١. |
| 24 | 9. Name and Address of Curre | 29 | tored Agent | [30] | Т | , | | Name and Ad | | ew Reg | istered | Agent | | | 1 |
| | 9. Name and Address of Curre | ant Kegis | iteled Agolit | - | 81 | Name | | | · | | | | | | |
| FOLK | KMAN, LAURIE J. M.D. | | | | 82 | | | | | | | | | | ł |
| 8313 W HILLS BOROUGH AVE BLDG | | | #300 | | | Street Add | ldress (P. | O. Box Numbe | er is Not Acc | eptabl | 8) | | | | 1 |
| | PA FL 33615 | | | | 83 | | | 1,4,4,1 | . , | 4 | | p Mil | | 100 | 1 |
| | | | | | _ | 011 | | <u> </u> | e de (je. 1 | (31) (31) | \$2.73\ J | 85 | Zip Co | ndè | ┨ |
| | | | | | 84 | City | | | | | FL | . [05] | Zip Ot | | |
| | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | | | | | | illon \$ boa | ard or directors |). I HOICUY O | Coope | io appo. | | | | ŀ |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title | if applicable. (NOT | E: Registere | d Agen | it signature requir | iired when rei | instating) | ANGES TO | OFFI | DATE CERS AN | D DIRE | CTOR | RS IN 12 | 6 |
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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 oath; that I am an officer or director of the corporation or the receiver or trustee emptwelfed 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition

FILED

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90021 027 ***150.00