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**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # S18625

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90222 035 \*\*\*150.00

ARTHUR	L. VERGA, M.D., P.A.				 			
Principal Place	of Business	Mailing Address			4 (0.0) (0.0)	<b></b> . 10 t(0 0 t(10 (10 0 t 0 (1) 0	I BIS BEBLI AISIN SE	() B1811 B1811 1881
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					01/01/1991	u or Qualifed		
0.00	- A D - Since -	2a. Mailing Address			4. FEI Number			Applied For
		— ĭ	y Address		59-3039943			Not Applicable
21 26 Suite Ant # atc			Suite, Apt. #, etc.		<u> </u>			Additional
Suite, Apt. #, etc.		h	27		5. Certificate of Statu	us Desired 🔲		Required
City & State		City & State		6 Election Campaio	5 Flection Compaign Financing \$5.00 May Re		0 May Be	
h		28	<b>⊢</b> ′			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	_	8. This corporation	owes the current year	r Intangible	
24	25	29 3	0		Personal Property		☐Yes	□No
	9. Name and Address of Curre				10. Name and Addr	ess of New Registe	red Agent	
			81	Name				
	MAN, ALAN S.		82	Stroot	Address (P.O. Box Number is	s Not Accentable)		
1212 COURT STREET			62	Succe	Address (F.O. Dox Harrison F	3 Hot Accoptable)		
SUITE	В		83			·		
CLEA	RWATER FL 34616						00 7:	p Code
	•		84	City		1	FL 85 Zi	b Code
		FOO and CO7 4500 Florida Ctables	the chave		corporation submite this state	ament for the number		
agent. I am	o the provisions of Sections 607.05 gistered agent, or both, in the State n familiar with, and accept the oblig	gations of, Section 607.0305, Fioric	ia Statutes	·				registered
agent. I am SIGNATURE	n familiar with, and accept the oblig Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: R	tegistered Agen	·	equired when reinstating)	DAT	E	
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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 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:**