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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # S22031

SPECIALISTS IN HEALTHCARE, P.A.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90011 038 ***150.00



	ce of Business	Mailing Address				-	KAS IKAT AKAN AKAN AKAN AKAN	i Eleki Biği	OFBILLION
MASON	CORBIN CT	5030 MASON CORBIN CT	f						
/ERS FL 33907 FT MYERS FL 33907									
		US					TE IN THIS SPAC	<u> </u>	
			77.1			3. Date Incorporated or Qualifed 12/31/1990			
incipal Place of Business 2a. Mailing Address					4. FEI Number		Applie	d For	
rita Ant	# etc	26				65-0232812			pplicable
rite, Apt. #, etc. Suite, Apt. #, etc. 27 V & State City & State			n-=		5. Certificate of Status Desired \$8.75 Additional Fee Required				
ry & Sta		City & State				Election Campaign Financing Trust Fund Contribution		.00 Ma	
כ	Country	Zip	_	intry		8. This corporation owes the curr	ent year Intangible		
	25	29	30			Personal Property Tax.	☐ Ye:	<u> </u>	No
	9. Name and Address of Current	Registered Agent		041		10. Name and Address of New F	egistered Agent		
CH/	ADHA, TEJVIR S., MD			81	Name Street Addre	ess (P.O. Box Number is Not Accepta	hlo)		
5030 MASON CORBIN CT FT. MYERS, FL 33907					Olicel Addit	CONTROLL OF THE PARTY OF T	ole)	riin n.e.	*. *. to * * ·
witens, FL 3390/		-		83					
				84	City		FL 85	Zip Cod	9 : 최연 : (출왕) - 최연 : 학생 B
ursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508. Florida Statu	tes, the ai	bove-	named corns	ration submits this statement for the		o ite	istored
ATURE	im familiar with, and accept the obligation familiar with, and accept the obligation familiar with f					when reinstating); ; ; ; ; ;	DATE		
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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 dicated 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 efficer 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 lock 12 or Block 13 if changed, or on an attachment an address, with all other like empowered.

941-278-0330

Daytime Phone #