## May 10, 1999 8:00 am Secretary of State 05-10-1999 90187 018 \*\*\*150.00

-	PROFIT
	CORPORATION
	ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	on Name LL M. GRAHAM, M.D., RA.						
Principal Pla	ce of Business	Mailing Address					
	ng Loop, STE.1461 Springs fl. 32701	393 WHOOPING I ALTAMONTE SPR			DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed		
	•				05/20/1991		
2. Principal	Place of Business	2a. Mailing Addr	229		4. FEI Number	Арр	lied For
		26			59-3064616		Applicable
Suite, Api	t. #, etc.	Suite, Apt. #.	, etc.		5. Certificate of Status Desired	\$8.75 Ad	
	<b>&gt;</b>	27			5. Certificate to States Position	Fee Req	uired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 h	
<u> </u>		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country	8. This corporation owes the current year		∃но
i	25	29	30		Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	nen Abeur	
				81 Name			
	AHAM, RUSSELL M MD.			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
393	SHOOPING LOOP #1461			393	Whooping Loop #1461		
AL	TAMONTE SPRINGS FL 32701			83 ()	•		
						·	
				B4 PAY		as Zip Ci	
Pursuan     office or	at to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Flori of Florida. Such chan	da Statutes, th	1 1/41/17		FL   ˈˈl ðəˈ	フロノ
•	Signature, typed or printed name of registered age	int and trie if applicable		ne above-named orized by the corpor Statutes.	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a used when reimstating)	FL 32 se of changing its n sppointment as regi	70/ egistered istered
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14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cerufy 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 instant 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR