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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S89983

1. Corporation Name

LOUIS ROSA, III, M.D., P.A.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90004 032 ***150.00

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Principal Pla	ce of Business	Mailing Address				i contrato ras iniún coma imini	10100 (111 G1011 D	(814 81811 B16	EI BIBII BEBII IBBI
1102 S FT HARRISON AVENUE CLEARWATER FL 33756 US		1102 S FT. HARRISON AVE CLEARWATER FL 33756 US	NUE			DO NOT WE	RITE IN THIS	SPACE	
					7	 Date Incorporated or Qualifer 10/25/1991 	d		
2. Principal I	Place of Business	2a. Mailing Address			. 4	4. FEI Number	,		Applied For
21		26	•			59-3 094473			Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & Sta	ate	City & State			(6. Election Campaign Financing) [\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	У	8	8. This corporation owes the cu	rrent year Inta	angible	,
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre		<u>_</u>	ir		Name and Address of New	Registered a	Agent	·
CLA	ARK, GREGORY D.	•	81	Name		•			
	67 US 19 NO:		82	Street	Address ((P.O. Box Number is Not Accep	table) ·		
	TE 560				,	PRINTER CONTROL	endergy enderge in a siste	o timir, t	.1 1541, 2014 Bids
	ARWATER FL 34624		83	1					
			84	City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL	85 Zij	Code
	t to the provisions of Sections 607.05 registered agent, or both, in the State				corporation s t	on submits this statement for the board of directors. I hereby acce	e purpose of ept the appoin	changing i itment as	ts registered registered
	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statutes	the corpo	oration's t	on submits this statement for the board of directors. I hereby acce	e purpose of ept the appoir	changing i itment as	ts registered registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AI	of Florida. Such change was au ations of, Section 607.0505, Florient and title if applicable. (NOTE: IND DIRECTORS	ithorized by ida Statutes	the corpo	oration's t	board of directors. I hereby acce	DATE	tment as	registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statutes	the corpo	oration's t	n reinstating)	DATE	tment as	ORS IN 12
agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliging signature, typed or printed name of registered agent of the state	of Florida. Such change was au ations of, Section 607.0505, Florient and title if applicable. (NOTE: ND DIRECTORS	thorized by ida Statutes Registered Age	the corpo	oration's t	n reinstating).	DATE	ntment as	ORS IN 12
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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 arachment with an address with all other like empowered.

SIGNATURE: