

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90070 010 ***150.00

DOCUMENT # S96239

1. Corporation Name

GERARDO P. SISON, JR., M.D., P.A.

Principal Place of Business
34650 U.S. HIGHWAY 19 NORTH
SUITE 107
PALM HARBOR FL 34684

Mailing Address
34650 U.S. HIGHWAY 19 NORTH
SUITE 107
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

59-3095916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SISON, GERARDO P., JR.
34125 U.S. HIGHWAY 19 NORTH
SUITE 105
PALM HARBOR FL 34684

Incorrect address

10. Name and Address of New Registered Agent

Gerardo P. Sison, Jr.
P.O. Box Number is Not Acceptable
34650 U.S. Highway 19 North
107
Palm Harbor FL 34684

11. Pursuant to the provisions of Sections 607.0
office or registered agent, or both, in the Sta
agent. I am familiar with, and accept the obl

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
SISON, GERARDO P., JR.
STREET ADDRESS
34125 U.S. HIGHWAY 19 N.
CITY-ST-ZIP
PALM HARBOR FL

Incorrect address

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

NAME
SISON, GERARDO P., JR.
STREET ADDRESS
34125 U.S. HIGHWAY 19 N.
CITY-ST-ZIP
PALM HARBOR FL

Incorrect address

34650 U.S. Highway 19 N., #107
Palm Harbor, FL 34684

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (727) 787 3422

CR2E034 (11/98)