

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90022 013 ***150.00

DOCUMENT # V08547

1. Corporation Name

FLORIMED OF TAMPA, INC.



Principal Place of Business

4401 WEST KENNEDY BLVD.
SUITE 100
TAMPA FL 33609

Mailing Address

P.O. BOX 23412
TAMPA FL 33622
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number

59-3100515

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SULLIVAN, C. A.
311 S. MISSOURI AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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 P ☐ DELETE
NAME J. WILLIAM BYRD
STREET ADDRESS 4401 W KENNEDY BLVD, #100
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE
NAME FURLONG, RICHARD ALAN
STREET ADDRESS 4401 W. KENNEDY BLVD. #100
CITY-ST-ZIP TAMPA FL

TITLE DSV ☐ DELETE
NAME FURLONG, RICHARD ALAN
STREET ADDRESS 4401 W. KENNEDY BLVD #100
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE J. WILLIAM BYRD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1478 BRIAR OAKS TRAIL
1.4 CITY-ST-ZIP ATLANTA, GA 30329

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME RICHARD ALAN FURLONG
2.3 STREET ADDRESS 7109 PELICAN ISLAND DRIVE
2.4 CITY-ST-ZIP TAMPA, FL 33634

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME RICHARD ALAN FURLONG
3.3 STREET ADDRESS 7109 PELICAN ISLAND DRIVE
3.4 CITY-ST-ZIP TAMPA, FL 33634

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 813-287-9996

Date

Daytime Phone #

CR2E034 (11/98)