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

PROFIT CORPORATION ANNUAL REPORT

1999

g



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # V59625

MAIN STREET MEDICAL PLAZA, INC.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90002 012 ***150.00



ipai Piaci	e or Business	Mailing Address					
LOCUST PL 5303 LOCUST PL PORT RICHEY FL 34652 NEW PORT RICHEY FL 34		652					
runi Kil	ADE1 FL 34032	MENT FOR RIVINE I FE 34	~~~		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		·
	:				08/20/1992		
rincipal D	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
incipal P	lace of busiless	├ 1			59-3192066	- ``	Applicable
-14- 4 :	*	Suite, Apt. #, etc.				\$8.75 A	
				5. Certifcate of Status Desired	Fee Re		
	<u></u>	27					·
ity & Stat	te ·	City & State			6. Election Campaign Financing	\$5.00 Added to	•
		28	<u> </u>		Trust Fund Contribution		71663
р	Country	Zip	Country		8. This corporation owes the current ye		□No
	25	29	30		Personal Property Tax.		
**	9. Name and Address of Current				10. Name and Address of New Regist	sted Agent	
	The same of the same		81	Name			
	E, LESTER E	:	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	2 COOGOL LEVOE	,	[]		the state of the s	es continues	atiga di Tanasiya
NEW	V PORT RICHEY FL 34652		83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HIN MAD	
					· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zip C	oue
NATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOT)	E: Registered Agent s	signature requi	ired when reinstating) DA	TE	
`		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
	PD	DELETE	1.1 TITLE		777334	Change	Additio
	CHANG, FONG MEI YOUNG		1.2 NAME		* ** *** ***		
			1.3 STREET A	DDDEEC			
T ADDRESS			1	l			
T-ZIP	NEW PORT RICHEY FL	☐ DELETE	1.4 CITY-\$T-2	ZIP	Lu.	Change	Addition
	:	□ bere ie	2.1 TITLE			□ Guango	
			2.2 NAME				
TADDRESS			2.3 STREET A	DDRESS		+ 1	
ST-ZIP			2. 4 CITY-ST-	ZIP	A Reg		- 11: -
1 3 4 2	STATE OF THE PROPERTY OF THE P	☐ DELETE	3.1 TITLE		;	☐ Change	Addition
	The state of the s		3.2 NAME				
TADDRESS	★本株化学経験等の場合である。					• • •	
FIG. (ST-ZIP	The street of th		3:3 STREET A	DORESS	人際的支票 (4) (4) (4) (4) (4) (4) (4)	1. 14. 集建广建物 形态 类	16., 21#1. TV
	PART REPORT FOR	· ·	3:3 STREET A 3.4. CITY-ST-	1			
31-Zii	विवेद्य स्थानिक विकास	DELETE		1	1700次以前,原文文字(2)等的 2012年 - 新建程度多度的数据 2012年 - 1812年 - 1812年	Chánge	Additio
	POPE PERSON TELEVISION		3.4. CITY-ST-	ZIP	2. 1. <u>新建特殊新装 起身的</u>	Change	Additio
15/05/51	Property may not be a visited.	Arm to the	3.4. CITY-ST- 4.1 TITLE 4.2 NAME	ZIP	2. 1. <u>新建特殊新装 起身的</u>	Tara San Ta	Additio
T ADDRESS	PORT PERSON TE AVRICE L CONTROL PRO		3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS	2. 1. <u>新建特殊新装 起身的</u>	Chánge °	Additio
T ADDRESS	Property may not be a visited.	Alexander State	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST-	ADDRESS	2. 1. <u>新建特殊新装 起身的</u>	☐ Change	
T ADDRESS	Property may not be a visited.	Arm to the	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE	ADDRESS	 会議を行為の報告を記される。 会社会会をよりを記載される。 		
T ADDRESS	Property may not be a visited.	Alexander State	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ADDRESS ZIP	2. 1. <u>新建特殊新装 起身的</u>		
100 9/34 Et address St-Zip		Alexander State	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ADDRESS ZIP	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		
ek est	# PO	SC P P P P P P P P P P P P P P P P P P P	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ADDRESS ZIP	 会議を行為の報告を記される。 会社会会をよりを記載される。 	Change	Addition
T ADDRESS	# 1	Alexander State	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST- 6.1 TITLE	ADDRESS ZIP	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		Additio
T ADDRESS	######################################	SC P P P P P P P P P P P P P P P P P P P	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ADDRESS ZIP	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Change	Additio
ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	######################################	SC P P P P P P P P P P P P P P P P P P P	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST- 6.1 TITLE	ADDRESS ZIP	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Change	Addition
T ADDRESS	#### #################################	SC P P P P P P P P P P P P P P P P P P P	3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST- 6.1 TITLE 6.2 NAME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Change	Addition Addition

1. 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.

CR2E034 (11/98)