

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

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90018 022 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 573795					
1. Corporation Name ELAINE WATERS, M.D., P.A.					
Principal Place of Business 2010. 59TH STREET WEST BRADENTON FL 34209-4690			Mailing Address 2010. 59TH STREET WEST BRADENTON FL 34209-4690		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1978	
21		26		4. FEI Number 59-1827620	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
Zip		Zip			
24		29		30	
Country		Country			
9. Name and Address of Current Registered Agent THEIS, JOHN R. 2651 MAPLELOFT LANE SARASOT FL 34232			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME PD			1.2 NAME		
STREET ADDRESS WATERS, ELAINE			1.3 STREET ADDRESS		
CITY-ST-ZIP 2010 59TH STREET WEST			1.4 CITY-ST-ZIP		
CITY-ST-ZIP BRADENTON FL			2.1 TITLE ☐ Change ☐ Addition		
TITLE ☐ DELETE			2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition		
TITLE ☐ DELETE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition		
TITLE ☐ DELETE			4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition		
TITLE ☐ DELETE			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition		
TITLE ☐ DELETE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
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:

Elaine Waters M.D. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 (941) 792-4151

CR2E034 (11/98)