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

DOCUMENT # 604113

PARKER, DONALD C. 12911 LERIDA ST. . CORAL GABLES FL 33156

1. Corporation Name

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

DONALD C. PARKER M.D. PA

Principal Place of Business	Mailing Address			
12911 LERIDA	12911 LERIDA			
CORAL GABLES FL 33156	CORAL GABLES FL 33156			

26

27

Suite, Apt. #, etc.

City & State

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90115 008 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1973 4. FEI Numbe Applied For 59-1432518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Election Campaign Financing \$5.00 May Be

	28		Trust Fund Contribution Added to Fees						
Country 25	<u>├</u>		7 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No						
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent						
FR, DONALD C.		81	1 Name						
LERIDA ST		82	2 Street Address (P.O. Box Number is Not Acceptable)						
L GABLES FL 33156		85	3						

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

City

agent. I a	m familiar with, and accept the obligations of, Section 6	07.0505, Florida	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	ouired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	(11012.110	13.		S/CHANGES TO OF	FICERS AND DIRI	CTOF	RS IN 12
TITLE	Р	DELETE	1,1 TITLE			☐ Ch	ange	☐ Addition
NAME	DONALD C. PARKER		1.2 NAME					
STREET ADDRESS	12911 LERIDA STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP					
TITLE	\$	DELETE	2.1 TITLE	<u></u>		_ C+	ange	☐ Addition
NAME .	PARKER, MAUREEN H		2.2 NAME					•
STREET ADDRESS	12911 LERIDA ST.		2.3 STREET ADDRESS					
CITY-ST-ZIP	COIRAL GABLES FL 33156		2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			☐ Ch	ange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			□ Ch	ange	☐ Addition
NAME			. 4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE			□ Ch	ange	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			. 5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			□ Ch	ange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	•		6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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 attactment with an address, with all other like empowered.

SIGNATURE:

ICER OR DIRECTOR

Zip Code

85