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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 678703

1. Corporation Name
MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M.D.'S, P.A.

Principal Place of Business: 2525 HARBOR BLVD., SUITE 207, P O BOX 2543, PORT CHARLOTTE FL 33949
 Mailing Address: 2525 HARBOR BLVD., SUITE 207, P O BOX 2543, PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE



3. Date Incorporated or Qualified: **07/01/1980**
 4. FEI Number: **59-2011712**
 Applied For: 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: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29, Country: 30

9. Name and Address of Current Registered Agent

MACDONALD, BRUCE D., M.D.
 2525 HARBOR BLVD.
 SUITE 307
 PORT CHARLOTTE FL 33952

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACDONALD, BRUCE D.	
STREET ADDRESS	36261 WASHINGTON LOOP RD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ESCHLEMAN, A. ROBERT	
STREET ADDRESS	1055 YORKSHIRE ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEAGNEY, MICHAEL C.	
STREET ADDRESS	4550 GRASSY PT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FABIAN, THOMAS M.	
STREET ADDRESS	4520 GRASSY PT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bruce D. McDonald* 1/29/99 941-625-6575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)