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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **Katherine Harris** Secretary of State

# Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90058 022 \*\*\*150.00

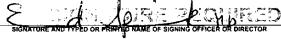
EDWARD F. SPIEVACK, M.D., P.A.		
	-	

Principal Place of Business Mailing Address 30 WEST HIGH POINT ROAD 30 WEST HIGH POINT ROAD STUART FL 34996 STUART FL 34996 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 08/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 <del>59-211582</del>2 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Zip Country 8. This corporation owes the current year Intangible Yes □ No 30 24 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SPIEVACK, EDWARD F. Street Address (P.O. Box Number is Not Acceptable) 30 WEST HIGH POINT ROAD STUART FL 34996 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE ☐ Change Addition TITLE 1.1 TITLE NAME SPIEVACK, EDWARD F 1.2 NAME 30 W HIGH POINT RD STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ Change TITLE □ DELETE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP



025-66-1EC-125

CR2E034 (11/98)