## 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 # K57907

1. Corporation Name

RICHARD T. WEISENBURGER, D.O., P.A.

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90054 049 \*\*\*150.00



Principal Place of Business Mailing Address								0.1 G1=11 G1411		
790 S.E. 5TH T	790 S.E. 5TH TERRACE	TH TERRACE								
CRYSTAL RIVER FL 34429		CRYSTAL RIVER FL 34429		DO NOT WRITE	IN THIS	CDACE				
						3. Date Incorporated or Qualifed	114 1 119 5	SFACE		
						01/01/1989				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		$\longrightarrow$	oplied For	
21		26				59-2924429			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. 27			Apt. #, etc			5. Certificate of Status Desired	J`	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be				
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	$\overline{}$	intry		8.7 This corporation owes the current	year Inta		CTN:	
24	25		30			Personal Property Tax.		Yes	□No	
<del>_</del>	9. Name and Address of Current	Registered Agent		04	Name	10. Name and Address of New Reg	istered A	Agent		
\A/CIG	SENIOLIDGED BICHADD DODA			81	Name			_		
WEISENBURGER, RICHARD, D.O.P.A. 790 S.E. 5TH TERRACE				82	Street Addre	ess (P.O. Box Number is Not Acceptable	<del>)</del> )			
CRYSTAL RIVER FL 34429				02				<u> </u>	<del></del> -	
Uni	OIAL INTER EL STTES			83		•				
		•		84	City	,	FL	85 Zip	Code	
						action as harite this statement for the pu		changing if	te registered	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida, Such change was a	es, the a uthorized	bove-	-named corpo he corporatio	pration submits this statement for the pure's board of directors. I hereby accept t	ne appoin	ntment as r	egistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	rida Stat	utes.		•				
SIGNATURE							DATE .			
ļ. <u></u>	Signature, typed or printed name of registered agent OFFICERS ANI		Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECT	ORS IN 12	
12.	P OFFICERS AND	DELETE	1.1 Ti	TI F		ADDITIONS/OFFARIOES TO CITE	ALIKO TITA	Change		
[	WEISENBURGER, RICHARD T	[ DC0212	1.2 N						_	
NAME	790 SE 5TH TERRACE				ADDRESS					
STREET ADDRESS	CRYSTAL RIVER FL		1		· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP	VP	☐ DELETE	2.1 TI	TY-ST-	-219			- Change	Addition	
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NAME	790 SE 5TH TERRACE				ADDRESS					
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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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS