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Apr 22, 1999 8:00 am
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 # P94000046553

1. Corporation Name
SHERRI LEE MAETOZO, M.D., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: SOUTH PARK MEDICAL BLDG., STE. 102, 150 SOUTH PARK BLVD., ST. AUGUSTINE FL 32086
Mailing Address: SOUTH PARK MEDICAL BLDG., STE. 102, 150 SOUTH PARK BLVD., ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 06/22/1994
4. FEI Number: 59-3297267
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 (21-23)
2a. Mailing Address (26-28)
24. Zip Country (25-29)

9. Name and Address of Current Registered Agent
MAETOZO, MATTHEW E.
150 SOUTH PARK BLVD,
SUITE 102
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent (81-85)
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: [Signature] Practice Administrator 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: PS [DELETED]
NAME: MAETOZO, SHERRI LEE
STREET ADDRESS: 150 SOUTH PARK BOULEVARD, SUITE 102
CITY-ST-ZIP: ST. AUGUSTINE FL 32086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [Change Addition]
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP [Change Addition]
2.1 TITLE [Change Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP [Change Addition]
3.1 TITLE [Change Addition]
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP [Change Addition]
4.1 TITLE [Change Addition]
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP [Change Addition]
5.1 TITLE [Change Addition]
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP [Change Addition]
6.1 TITLE [Change Addition]
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP [Change Addition]

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: [Signature] 4/16/99 (904) 825-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)