May 01, 1999 8:00 am Secretary of State

05-01-1999 90052 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400058665

1. Corporation Name

STEVEN A. MECKSTROTH, M.D., P.A.

					. I SAGUNAN NA KAKIN ANAN ANAN ANAN ANAN ANAN AN
Principal Place of Business Mailing Address					4 10011/00) III (Ditt dibit Obit gehit bain enin enin anna anna atta buin buit inn
28321 S TAMIAMI TRAIL 28321 S TAMIAMI TRAIL					
SUITE 2 SUITE 2					DO NOT WRITE IN THIS SPACE
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923					3. Date Incorporated or Qualified
					08/08/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22	27			5. Certificate of Status Desired Fee Required	
City & State	e .	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
28		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible
24	(25)	29 30	0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
IOUNGON KIMPERIVI			81	Name	
JOHNSON, KIMBERLY L			82	Street A	Address (P.O. Box Number is Not Acceptable)
4501 N TAMIAMI TRAIL #300 NAPLES FL 33940					
INAP	LES FL 33940		83		
			84	City	85 Zip Code
		·			FL ST ST ST ST ST ST ST S
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					
12.	OFFICERS AND		13.	L SIGNALULE 181	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MECHSTROTH, STEVEN M		1.2 NAME	- 1	
STREET ADDRESS	28321 S TAMIAMI TRAIL		1.3 STREET	ADDRESS	
CITY-ST-ZIP	BONIA SPRING FL		1.4 CITY-ST	1	
TITLE	001	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		•	2.2 NAME	[
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE	1	Change Addition
NAME			3.2 NAME	[
STREET ADDRESS			3 3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
πιE		☐ DELETE	4.1 TITLE		· Change Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP	
TITLE		DELETE	6.1 TITLE		. Change Addition
NAME ;			6.2 NAME	1	

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:

STREET ADDRESS

CITY-ST-ZIP