


AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**  
 07-08-1999 90034 040 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **V50878**  
 Corporation Name  
**PAUL D. DERNBACH, M.D., P.A.**



Principal Place of Business  
**GOODLETTE ROAD  
 NAPLES FL 33942**

Mailing Address  
**680 GOODLETTE ROAD  
 NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/15/1992**

4. FEI Number  
**65-0350125**

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.  Yes  No

26. Mailing Address  
**26**

27. Suite, Apt. #, etc.  
**27**

28. City & State  
**28**

29. Country  
**29**

30. Zip  
**30**

9. Name and Address of Current Registered Agent  
**DERNBACH, PAUL  
 680 GOODLETTE ROAD  
 NAPLES FL 33942**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS -ZIP	<b>D</b> <b>DERNBACH, PAUL</b> <b>680 GOODLETTE ROAD</b> <b>NAPLES FL</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul D. Derna* **REQUIRED** 6/30/99 (941) 262-1721

CR2E034 (5/99)