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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 603892**

1. Corporation Name

Principal Place of Business

CLARKSON AND KIDD, D.O., P.A.

13020 PARK BLVD SEMINOLE FL 34646 US		13020 PARK BLVD Seminole fl 34646 US							
						DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualifed 10/25/1972			
• B1 1: 1 B	(8.1	A Moiling Addross				FEI Number		<del>-1-</del> !	Applied For
	ace of Business	2a. Mailing Address						$\vdash$	Not Applicable
21		26				59-1433931		<b>¢0</b> 7	5 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		<b>+</b>	e Required
City & State City & State					6.	Election Campaign Financing		\$5.	00 May Be
23	28				Trust Fund Contribution	ليا	Add	led to Fees	
Zip	Country	Zip	Country		8.	This corporation owes the curr	ent year Inta	ngible	
24 25 29						Personal Property Tax.		☐ Yes	<b>№</b> No
	9. Name and Address of Currer	nt Registered Agent	<u> </u>		10.	Name and Address of New	Registered A	lgent	
			81	Nan	ne				
KERN, DAVID P.A. 516 LAKEVIEW RD VILLA III			82	Stre	et Address (P	P.O. Box Number is Not Accepta	able)		
	ARWATER FL 33516		83						
l									
			84	City			FL	85 2	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 age	ent and little if applicable. (NOTE: Re	cistered Ager	nt signati	ure required when n	reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS ANI	D DIRE	CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Char	
NAME	KIDD, RICHARD C		1.2 NAME						
STREET ADDRESS	13020 PARK BLVD		1.3 STREE		:00				
	SEMINOLE FL		1.4 CITY-S						
CITY-ST-ZIP			2.1 TITLE	1-211		****		Char	nge Addition
TITLE	V. <b>-</b>	C VELETE				•			· -
NAME	CLARKSON, FREDERICK W.		2.2 NAME						
STREET ADDRESS	13020 PARK BLVD		2.3 STREE		SS				
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-5	T-ZIP				[T] Char	nge Addition
TITLE		☐ DELETE	3.1 TITLE					∟ Criar	ige [_] Addison
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRE	:SS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLÉ		☐ DELETE	4.1 TITLE					Char	nge 🗌 Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRE	:SS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TMLE					Char	nge 🗀 Addition
NAME			5.2 NAME						
STREET ADDRESS		ļ	5.3 STREE	T ADDRE	SS				
CITY-ST-ZIP		, the state of the	5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Char	nge 🔲 Addition
NAME			6.2 NAME						
STREET ADDRESS		4	6.3 STREE	T ADDRE	:ss				

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90097 047 \*\*\*150.00