

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

096706

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90293 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000072631 1. Corporation Name EILEEN F. FARWICK, D.O., P.A.					
Principal Place of Business 10000 WEST COLONIAL DRIVE SUITE 1463 OCOE FL 34761			Mailing Address 10000 WEST COLONIAL DRIVE SUITE 1463 OCOE FL 34761		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3399780	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip	
26 Country		27 City & State		28 Zip	
29 Country		30 Zip		31 Country	
9. Name and Address of Current Registered Agent BROOTEN, KENNETH E JR. 631 WEST FAIRBANKS AVE. WINTER PARK FL 32789			10. Name and Address of New Registered Agent		
81 Name Gwen Bloom, Esq.			82 Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Ave.		
83			84 City Orlando		
85 Zip Code 32803			86 State FL		



DO NOT WRITE IN THIS SPACE

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 Gwen Bloom
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FARWICK, EILEEN F D.O.	1.2 NAME	
STREET ADDRESS	10000 W COLONIAL DR, STE 1463	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eileen F. Farwick, D.O. **EILEEN F. FARWICK, D.O.** 4/23/99 (407) 296-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)