PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P9800001	4007
4 Composition Name	1 00000	

NICK M. UNGSON, M.D., P.A.

Principal Place of Business
1218-A WEST DIXIE AVENUE
LEESBURG FL 34748

Mailing Address

1218-A WEST DIXIE AVENUE LEESBURG FL 34748

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90209 021 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

						02/09/1990			
2. Principal Place of Bu	siness	2a. Mailing	Address			4. FEI Number Applied Fo			
26					39-35 005 97 Not Applica				
Suite, Apt. #, etc.		Suite, A	Apt. #, etc.			5. Certificate of Status Desired 5. Serviced 5. Servic	อ่		
2		27				5. Certificate of States Desired Fee Required			
City & State		City &	State			6. Election Campaign Financing \$5.00 May Be	, ,		
3	<del></del>	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Coun	try	8. This corporation owes the current year intangible			
4	25	29	3	0		Personal Property Tax.			
	ne and Address of Current	Registered A	gent			10. Name and Address of New Registered Agent			
					B1 Name	8			
ungson, n	CK M			. I.	82 Street Address (P.O. Box Number is Not Acceptable)				
1218-A WES	DIXIE AVENUE			['	02 31100	it results to (1.0. tox lithings is the throughout)			
LEESBURG I				ļ.,	83				
				L					
				I	B4 City	Fi 85 Zip Code			
		1 000 4500	Di de Stande			d corporation submits this statement for the purpose of changing its register	ed		
11. Pursuant to the pro	visions of Sections 507.0002 exect or both in the State of	ang 607.1506, Florida, Such	, Florida Slawies chande was aut	horized	by the con	poration's board of directors. I hereby accept the appointment as registered	, ,		
agent. I am familiar	with, and accept the obligation	ons of, Section	607.0505, Florid	la Statul	les.	• • • • • • • • • • • • • • • • • • • •			
SIGNATURE							. !		
Signature, ty	ed or printed name of registered agent :				gert signatura	e required when reinstating) DATE	12		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	dition		
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NAME			-	6.3 STR	EET ADDRESS	s ·			
NAME STREET ADDRESS									
STREET ADDRESS				6.4 CITY	(-ST-ZIP	• "	\		
STREET ADDRESS	the information amplied with	this filing does	s not qualify for t	he even	ention state	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the information that the same legal effect as if made under certi; that I am an an analysis to the same legal effect as if made under certi; that I am an analysis to the same annual same to the same annual same than the same annual same to the same same annual same to the same same same same same same same sam	on		

SIGNATURE:

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(352) 787-0081

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