

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462622
1. Corporation Name

(2)

HARRIS L. BONNETTE, M.D., P.A.



Principal Place of Business

Mailing Address

3661 CENTRAL AVENUE
FORT MYERS FL 33901

3661 CENTRAL AVENUE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1974

4. FEI Number

59-1552633

Applied For
Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 12640 Panasoffkee Dr
Suite, Apt. #, etc.

22

City & State

23 North Fort Myers, FL

Zip

Country

24 33903

25

9. Name and Address of Current Registered Agent

BONNETTE, HARRIS L., M.D., P.A.
3661 CENTRAL AVENUE
FORT MYERS FL 33901

2a. Mailing Address

26 12640 Panasoffkee Dr
Suite, Apt. #, etc.

27

City & State

28 North Fort Myers, FL

Zip

Country

29 33903

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12640 Panasoffkee Drive

83

84 City

North Fort Myers

FL

85 Zip Code

33903

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 DIRECTORS

TITLE PD ☐ DELETE

NAME BONNETTE, HARRIS L.
STREET ADDRESS OVERRIVER DRIVE
CITY-ST-ZIP N. FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

12640 Panasoffkee Dr
North Fort Myers, FL 33903

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002645744
-09/22/98--01032--003
***150.00

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.

SIGNATURE:

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

CR2E034 (5/98)

(2)

HARRIS L. BONNETTE, MD

12640 Panasoffkee Drive
North Fort Myers, FL 33903
941-995-1996

August 28, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Harris L. Bonnette, MD, PA
#59-1552633
Document # 462622

Gentlemen:

Due to an address change effective January of this year, we did not receive the 1998 Annual Report in time to file by the due date of May 1, 1998. Pursuant to a telephone call to the State of Florida on Thursday, August 27 in which the circumstances were discussed, it is our understanding that the delinquency fee will be waived provided the return, and accompanying check for \$150.00, is immediately filed.

Therefore, enclosed are the report and check as requested. Please note for your records that all addresses reflected on the original report for principal place and mail of the corporation, registered agent, and officer and director should be changed to the address shown in the letterhead: **12640 Panasoffkee Drive, North Fort Myers, FL 33903.**

We appreciate your help and consideration of our circumstances.

Sincerely,


Harris L. Bonnette, MD

encls

copy: William C. Hughes, CPA