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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 462622

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90012 046 ***150.00

1. Corporation								
HARRIS	L. Bonnette, M.D., P.A.							
<u> </u>					<u> </u>	 }	1101	
Principal Place	•	Mailing Address					•	
12640 PANASOFFKEE DR NORTH FORT MYERS FL 33903 12640 PANASOFFKEE DR NORTH FORT MYERS FL 33903					DO NOT WRITE IN THIS SPACE			
1					3. Date Incorporated or Qualifed			
					10/15/1974	·	.	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For]	
26				59-1552633	No	t Applicable	**	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	\$8.75 A		•
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00		
23 i		28		1.1	Trust Fund Contribution	Added t	to Fees	
			Zip Country		8. This corporation owes the current year Intangible Personal Property Tax			
24 .	25	29	30		Personal Property Tax. 10. Name and Address of New Register	Yes		
1	9. Name and Address of Curren	t Registered Agent	81	Name	To. Name and Address of New Augusta	ed Agent		
BON	INETTE, HARRIS L., M.D., P.A.							
	10 PANASOFFKEE DR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
NOF	RTH FORT MYERS FL 33903		83	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
			84	0:4	<u> </u>	85 Zip (2000	
, I			1	7	-	*L `		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abov	e-named corpo	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its	registered	
office of t	registered agent, or both, in the State in the State in familiar with, and accept the obligation	tions of Section 607 0505. Flo	numonzeu by	the corporatio	it s board of directors, I flereby accept the ap	politation as to	gioloica	
agent. i a	ini laminai wili, and accept the obliga-	10113 01, 36011011 001.0303, 110	mga Statutes	S.				
- :	in laninal with, and accept the obligar							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Age	S. nt signature required			DRS IN 12	(80
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE	: Registered Age		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		11/08)
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE	13.				ORS IN 12	(A0/11/7A)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L.	at and title if applicable. (NOTE	13. 1,1 TITLE	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		(80/11/77)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		22E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L.	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1,1 TITLE	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		CD2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR	t and bite if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	☐ Addition	CD2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR	t and bite if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	☐ Addition	CD2E034 (41/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR NORTH FORT MYERS FL 3390	T and bite if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	Change ☐ Change ☐ Change	Addition Addition Addition	(11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR NORTH FORT MYERS FL 3390	T and bite if applicable. (NOTE D DIRECTORS DELETE 3 DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	Change ☐ Change ☐ Change	Addition Addition Addition	180/11/08/
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD BONNETTE, HARRIS L. 12640 PANASOFFKEE DR NORTH FORT MYERS FL 3390	T and bite if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	Change Change Change	Addition Addition Addition Addition Addition	186/14/98/
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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 trie and accorate 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 trastee empowered to recute 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 an other like empowered.

SIGNATURE: