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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 463930

1. Corporation BAYARD	MOFFITT, M.D., P.A.							
Principal Place of Business Mailing Address					THERE STATE			
509 U.S. HWY 1 509 U.S. HWY 1 LAKE PARK FL 33403 LAKE PARK FL 33					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 10/22/1974			
2. Principal Pla	ice of Business	2a. Mailing Address			4., FEI Number			
<u></u> 21		26			59-1556410			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	٠		5. Certificate of Status Desired			
City & State		City & State			6. Election Campaign Financing S5 Trust Fund Contribution Ad			
Zip	Country 25	Zip 29	30 Cou	intry	This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Cui			Ī	10. Name and Address of New Registered Agent			
				81	1 Name			
MOFFITT, BAYARD 509 U.S. HWY 1 LAKE PARK FL				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	4 City FL 85			
office or re	distared agent or both in the St	0502 and 607.1508, Florida Stati ate of Florida. Such change was ligations of, Section 607.0505, F	authorized	שם כ	ve-named corporation submits this statement for the purpose of changir y the corporation's board of directors. I hereby accept the appointment as s.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO)	TF: Registered	Agen	ent signature required when reinstating)			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	PD	DELETE	1,1 11	TLE				
NAME	MOFFITT, BAYARD M.D.		1.2 N	AME				

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90044 043 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

			84 City		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL 85 Zip C	ode					
office or n	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auti	norized by the corbo	corporation submits the pration's board of directions	s statement for the p tors. I hereby accept	urpose of changing its	registered istered					
SIGNATURE	Clarabase hand a sight discount of positioned goods as	of title if annironia (NOTE: R	egistered Agent signature re	equired when reinstating)	1.4	DATE .						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			I 13.	ed Agent agricults required when remaining)								
TITLE	PD	☐ DELETE	1,1 TITLE	5. 5. 5. 5.		☐ Change	Addition					
NAME	MOFFITT, BAYARD M.D.		1.2 NAME		· P•							
STREET ADDRESS	509 US. HWY 1		1.3 STREET ADDRESS									
	LAKE PARK FL	1.4 CITY-ST-ZIP										
CITY-ST-ZIP	VST	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition					
NAME	MOFFITT, MARILYN	_	2.2 NAME									
STREET ADDRESS	509 U.S. HWY.1		2.3 STREET ADDRESS	1 +								
	LAKE PARK FL		2.4 CITY-ST-ZIP	i								
CITY-ST-ZIP TITLE	DAKE I AIRCIE	☐ DELETE	3.1 TITLE			☐ Change	Addition					
NAME		 · ·	3.2 NAME			•						
25. 2			3.3 STREET ADDRESS			ra i de la Maria del	S 1:8 1 .35					
STREET ADDRESS			3.4. CITY-ST-ZIP			全国的						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change :						
			4.2 NAME		:							
NAME			4.3 STREET ADDRESS									
STREET ADDRESS			4.4 CITY-ST-ZIP				•					
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	P		☐ Change	☐ Addition					
		<u></u>	5.2 NAME	e* i,	f.5.1							
NAME			5.3 STREET ADDRESS									
STREET ADDRESS			5.4 CITY-ST-ZIP		a Na		<i>;</i>					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition					
	10 a 1	<u> </u>	6.2 NAME	**								
NAME			6.3 STREET ADDRESS									
STREET ADDRESS	· ·		6.4 CITY-ST-ZIP		•							
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for t		in Section 119.07(3)(), Florida Statutes 1	further certify that the in	nformation					

Interest certally that the minimators supplied with this ming does not qualify for the excliption stated in Section 1.3.07(3)(i). Horizon statutes. Interest the 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.