Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90008 041 \*\*\*150.00

## 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 # 467284 1. Corporation Name

DONALD MCMAHON, JR., M. D., P. A.

DONNED								1 <b>6</b> 11 <b>(161</b> 1) ( <b>61</b> 1) 1 <b>9</b> 2) <b>(16</b> 11) ( <b>181</b> 1)
Principal Place	e of Business	Mailing Address					•	
717 NORTH E ST 302 1717 NORTH E ST 302								
PENSACOLA FL 32501 PENSACOLA FL 32501						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						01/08/1975		
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ap	plied For
Z. Principal Pi	ace or business	<b>├</b> ┐	26			59-1565753	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional '
22		27				5. Certificate of Status Desired		equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	CountryZip		Country			8. This corporation owes the current year	Intangible  ☐ Yes	□No
24	25	29	30		<u> </u>	Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	
	MALION BONALD ID			°'				
MCMAHON, DONALD JR.				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
1717 NORTH E. STREET				83			120 141 129	
SUITE 302 PENSACOLA FL 32501				63		· · · · · · · · · · · · · · · · · · ·		5.4. 19.1 [13]
PEN	SACULA PL 32301			84	City		85 Zip	Code
			4. A Alba -	لبا	named corps	retion outmits this statement for the numose	of changing its	registered
agent. I a	registered agent, or both, in the state im familiar with, and accept the obliging signature, typed or printed name of registered agents.	ations of, Section 607.0303,	i ionda ota		nt signature required	when reinstating)  DATE  OPERATOR  O	<del></del> -	<del></del>
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1,1 T	ITLE		10 XATG	☐ Change	☐ Addition
NAME	MCMAHON, DONALD JR		121	IAME.				
STREET ADDRESS	AT		,,			· .	•	ļ
CITY-ST-ZIP				TREE	ADDRESS		•	
	PENSACOLA FL		1.3 \$	STREET	ļ			- Addition
TITLE	PENSACOLA FL	☐ DELETE	1.3 \$	CITY-S	ļ		Change	Addition
	PENSACOLA FL	☐ DELETE	1.3 S 1.4 C 2.1 T	CITY-S	ļ		☐ Change	Addition
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NAME STREET ADDRESS		☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TITLE	T-ZIP			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			138 140 2:11 22N 238 2.4 3.11 3.27 3.33 3.4.	CITY-STREET CITY-STREET NAME STREET NAME CITY-STREET CITY-STREET CITY-STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		☐ Change	
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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 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 changes or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP