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 # 479412

1. Corporation Name

BARROSO AND ADLER, D.O., P.A.

Principal Place of Business

Mailing Address

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90059 010 ***150.00

	CURRY FORD RD	7212 CURRY ORLANDO, F				DO NOT WRI	TE IN THIS	SPACE	;
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI N			Ar	plied For
21		26			50	-1605648		<u> </u>	t Applicable
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.						\$8.75	
22	.,	27			5. Certifo	cate of Status Desired		Fee Re	
City & State	1	City & State			6 Floatie	on Campaign Financing		\$5.00	
23		28			į.	Fund Contribution		Added:	,
Zip 24	Country 25	Zip 29	Cour	itry	I	orporation owes the curr	ent year Inta	ngible 🏝 Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name	and Address of New F	Registered A	gent	
7212 C	C. BARROSO, M.D. CURRY FORD RD O, FL 32822			82 Street	Address (P.O. Box	ARROSO, D.(x Number is Not Accepte Y FORD RD	able)	85 Zip (Code 822
<u>-</u>				U	RLANDO		<u> </u>		
11. Pursuant to office or re	o the provisions of Sections 607.0502	and 607.1508, Florida Statute Florida. Such change was au	s, the ab thorized	ove-named by the corpo	corporation submi oration's board of	its this statement for the directors, I hereby accer	purpose of o	changing its tment as re	registered paistered
agent. I an	gistered agent, or both, in the State of n familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statut	les.			.,]
SIGNATURE	J Bucc	Luis L	F. 1	Barros	so, D.O.	; <u> </u>	1/29/9	9	
	Signature, typed or printed name of registered agent a		_	gent signature r					DC 181 42
12.	OFFICERS AND		13.		ADDITI	ONS/CHANGES TO OF	FICERS ANI		
TITLE	PDT	☐ DELETE	1.1 TITL					Change	Addition
NAME	BARROSO, LUIS F.		1 2 NAN	Æ					ŧ
STREET ADDRESS	7212 CURRY FORD		1.3 STR	EET ADDRESS					1
CITY-ST-ZIP	ORLANDO, FL 3282	····	1.4 CIT	r-ST-ZIP				_	
TITLE	D	☐ DELETE	2.1 TITL	E	SD			🔀 Change	☐ Addition
NAME	ATTERMAN, STEVEN	J	2.2 NAN	1E					
STREET ADDRESS	7212 CURRY FORD	RD	2 3 STR	EET ADDRESS					ļ
CITY-ST-ZIP	ORLANDO, FL 3282	22	2. 4 CIT	Y-ST-ZIP					
TITLE	VPSD	X DELETE	3 1 TITL	E			<u>-</u>	Change	Addition
NAME	KELLY, BRIAN		32 NAM	IE .					
STREET ADDRESS	7824 LAKE UNDER	HILL RD	3.3 STR	EET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 3282	22	3.4. CIT	Y-ST-ZIP					
TITLE	D	DELETE	4.1 TITL	E				☐ Change	☐ Addition
NAME	HARRIS, GLENN K.		4 2 NAI	иE					İ
STREET ADDRESS	7824 LAKE UNDERF	IILL RD	4.3 STR	EET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 3282	2	ll l	-ST-ZIP					
TITLE	•	☐ DELETE	5.1 TITL		•			Change	Addition
NAME			5.2 NAM	E				-	
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL					☐ Change	Addition
NAME			6.2 NAM	E .					_
STREET ADDRESS			1	EET ADDRESS					
			2	-ST-ZIP					
CITY-ST-ZIP			6						

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

(407) 281-6428

Daytime Phone

CR2E034 (11/98)