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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 485023

1. Corporation Name

RONALD R. FOREMAN, O.D., P.A.

Principal Place of Business Mailing Address						1 1907/1 01001 10101 BINL BINL BINL BINN BINL BINL BINL BINL
1387 SOUTH FIRST STREET 1387 SOUTH FIRST STREET						·
LAKE CITY FL 32055 LAKE CITY FL 32055					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						09/24/1975
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						59-1631398 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	е	City & State				6: Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	Zip	Cou	ntry		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Zip	25 Country	29 3	\neg	,,,		Personal Property Tax.
24	9. Name and Address of Curren					10. Name and Address of New Registered Agent
				81	Name	
FOREMAN, RONALD R.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
1387 SOUTH FIRST STREET			02	Street Au	udross (1.5. Box Number to No. Nocophable)	
LAKE	CITY FL 32055	1		83		
		/		84	City	85 Zip Code
					•	►1 } `
	to the provisions of Selfan 607.050 egistered agent or both in the State m familiar with and cept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	i, the al horized la Statu	oove by t ites.	-named co the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name if regists od ager	nt and title if applicable. (NOTE: R	egistered	Agent	t signature requ	guired when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	lΕ		☐ Change ☐ Addition
NAME	FOREMAN, RONALD R.		1.2 NA	ME		
STREET ADDRESS	1387 S. FIRST STREET		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	LAKE CITY FL			Y-ST	-ZIP	. Change Addition
TITLE	\$	☐ DELETE	2.1 111		Ì	. Creatige Choosing
NAME	BROOME KIMBERLY		2.2 NA			
STREET ADDRESS	1387 S FIRST ST				ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	□ DELETE	2.4 CI		T-ZIP	☐ Change ☐ Addition
TITLE	PROONE FRANK A RI	- OCCETE	3.2 NA			
NAME	BROOME FRANK A. III				ADDRESS	
STREET ADDRESS	1387 S FIRST ST LAKE CITY FL		3.4. Cl			
CITY-ST-ZIP TITLE	LAKE OH I FL	☐ DELETE	4.1 TI		AR	Change Addition
NAME			4.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CI			
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA	ME		•
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP	· 		5.4 CI		- ZIP	·
TITLE		DELETE	6.1 TI	LE	i -	☐ Change ☐ Additi

CITY-ST-ZIP 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 agruel 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 the received or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Daytime Phone #