

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **493386** ✓

1. Corporation Name

RONALD J. ACKERBAUM, M.D., P.A.

Principal Place of Business
**685 PALM SPRINGS DR 1C
ALTAMONTE SPRGS FL 32701**

Mailing Address
**685 PALM SPRINGS DR 1C
ALTAMONTE SPRGS FL 32701**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90013 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1975

4. FEI Number
59-1641506

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACKERBAUM, RONALD J MD
685 PALM SPRINGS DR 1C
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ACKERBAUM, RONALD J.**
STREET ADDRESS **685 PALM SPRINGS DR 1C**
CITY-ST-ZIP **ALTAMONTE SPRGS. FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **ACKERBAUM, VIVIANE**
STREET ADDRESS **685 PALM SPRINGS DR 1C**
CITY-ST-ZIP **ALTAMONTE SPRGS. FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

Ronald J. Ackersbaum
Signature and typed or printed name of signing officer or director

6/9/99 (407)830-9966
Date Daytime Phone #

CR2E034 (5/99)

588220-90013-48
493386

RONALD J. ACKERBAUM, M.D., P.A.
GENERAL SURGERY
PALM SPRINGS MEDICAL CENTER
685 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FLORIDA 32701
TELEPHONE 830-9966

July 8, 1998

Secretary Of State
Division of Corporations
P.O. Box 6327
Jacksonville, FL 32314

To Whom It May Concern:

We never received a first notice and in consideration of my good standing over the years, I am requesting a waiver of the late fee.

Sincerely,



Ronald J. Ackerman, M.D.

RJA/elm

Enclosure