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 # 504882

RICHARD W. STEWART, JR., M.D., P.A.

Principal Place of Business Mailing Address

24625 DEER TRACE DR P.O. BOX 1633

PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004

US

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90083 022 ***150.00



US		US		-		DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						07/01/1976		
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number		Applied For
21		26				59-1668924		Not Applicable
Suite, Apt.	#, etc.	Si	uite, Apt. #, etc.			_	\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee	Required
City & Stat	te .		ity & State			6. Election Campaign Financing	\$5.0	0 May Be
23	-	28				Trust Fund Contribution		d to Fees
Zip	Country	Zi	p	Count	ry	8. This corporation owes the current year li	ntangible	
24	25	29	30	ה		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer					10. Name and Address of New Registered	d Agent	
	g. Hambana Ada Good G. California			8	1 Name			
STEWART, RICHARD W. JR.					_			
24625 DEER TRACE DRIVE				8	2 Street Add	tress (P.O. Box Number is Not Acceptable)		
	ITE VEDRA BEACH FL 32082			8	-			
FOR	THE VEDITA DEACTITE SERVE			٥	ا"			
				8	4 City	-	85 Zi	p Code
				-		<u>F</u>		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.	1508, Florida Statutes,	, the abo	ve-named cor	poration submits this statement for the purpose of	of changing	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida.	Such change was auth	norized b a Statute	y the corporat es.	tion's board of directors. I hereby accept the app	outunent as	registered
	an rainiaa waa, and accept the oblige	2(10110 01, 01	301.01, 007.0000, 110/14					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if ap	plicable. (NOTE: Re	egistered Ag	ent signature requi	red when reinstating) DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PC		☐ DELETE	1.1 TITLE	-		Chang	e
NAME	STEWART, RICHARD W. JR.			1.2 NAME	<u> </u>			
STREET ADDRESS	24625 DEER TRACE DR				ET ADDRESS	•		
***		100						
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320	J82	☐ DELETE	1.4 CITY-			☐ Chang	e Addition
			[] DEFE IE	2.1 TITLE	i			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE								
NAME				2.2 NAME	1			
					ET ADDRESS			
NAME		_			ET ADDRESS			
NAME STREET ADDRESS			() DELETE	2.3 STRE	ET ADDRESS -ST-ZIP		☐ Chang	e 📑 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 STRE 2.4 C(TY	ET ADDRESS -ST-ZIP		☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP		☐ Chang	e 🖺 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	-ST-ZIP		☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Chang	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP E SET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E E ST-ZIP E ST-ZIP		☐ Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E E SET ADDRESS - ST-ZIP E E SET ADDRESS - ST-ZIP			e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STRE 2.4 City 3.1 TITLE 3.2 NAME 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E		☐ Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE			☐ DELETE	2.3 STRE 2.4 City 3.1 TITLE 3.2 NAME 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E E SET ADDRESS - ST-ZIP E E SET ADDRESS - ST-ZIP		☐ Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E E ST-ZIP E E ST-ZIP		☐ Chang	je ∏ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E E ST-ZIP E E ST-ZIP		☐ Chang	je ∏ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	ET ADDRESS - ST-ZIP E E EFT ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E		☐ Chang	je ∏ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.4 CITY 6.1 TITLE 6.2 NAME	ET ADDRESS - ST-ZIP E E EFT ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E		☐ Chang	je ∏ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE			☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.4 CITY 6.1 TITLE 6.2 NAME	ET ADDRESS -ST-ZIP		☐ Chang	je ∏ Addition

14. Thereby 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 chapted, or on an attachment with an agdress, with all structure this report as required by Chapter 607.

SIGNATURE:

ISOLATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #

CR2E034 (11/98)