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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 512932

1. Corporation Name H. FREDERICK KEIBER, M.D., P.A.

Principal Place of Business

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90029 050 ***150.00



Mailing Address 3601 S HIGHLANDS AVE 3601 S HIGHLANDS AVE DO NOT WRITE IN THIS SPACE SEBRING FL 33870 SEBRING FL 33870 3. Date Incorporated or Qualifed ' 10/01/1976 Applied For FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 59-1690490 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees Trust Fund Contribution City & State 28 8. This corporation owes the current year Intangible 23 Country Zip Country Personal Property Tax. Zip 30 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) _KEIBER, H. FREDERICK 3601 S HIGHLANDS AVE 83 SEBRING FL 33870 City 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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 13. OFFICERS AND DIRECTORS Change 12. 1.1 TITLE DELETE TITLE 1.2 NAME KEIBER, H. FREDERICK NAME 1.3 STREET ADDRESS 2529 N.E. LAKEVIEW STREET ADDRESS 1,4 CITY+ST-ZIP ☐ Addition ☐ Change SEBRING FL CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME KEIBER, SHARON G. NAME 2.3 STREET ADDRESS 2529 NE LAKEVIEW STREET ADDRESS 2.4 CITY-ST-ZIP Addition ☐ Change SEBRING FL CITY-ST-ZIP □ DELETE 3.1 TITLE विकेशनान्त्रभाविक 3.3 STREET ADDRESS STREET ADDRESS 硼气气 3800 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition CITY-ST-ZIF DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP DELETE 6.1 TITLE TITLE 医路 42.155年 6.2 NAME 智能论人 6.3 STREET ADDRESS STREET ADDRESS

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 13 of changed or on an attachment with an address with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)