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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 521638

WINTER GARDEN MEDICAL ARTS BUILDING, INC.

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Principal Pla	ice of Business	Mailing	Address				IT HILL HEN DIEN BALL		
444 NO DILLARD WINTER GARDEN FL 34787-2817 US		444 NO	444 NO DILLARD WINTER GARDEN FL 34787-2817			DO NOT W	/RITE IN THIS SI	PACE	
		03				3. Date Incorporated or Qualif	·	PACE	
						12/31/1976			
	Place of Business	2a. Mai	iling Address	T		4. FEI Number		Ap	plied For
21		26			·	59-1708541		No	t Applicable
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired		\$8.75 A Fee Re		
City & State		— — ·	City & State			6. Election Campaign Financir	¹g □.	\$5.00	May Be
Zip	Country	28 Zip		Country	,	Trust Fund Contribution		Added t	Fees
24 25 29			Г	30		This corporation owes the c Personal Property Tax.		gible]Yes	□No
	9. Name and Address of Cui		d Agent	701		10. Name and Address of Nev			
B01	ور او			81	Name				
BU	WEN, CATHRYN M. N. DILLARD ST.	C. Blind the ch		82	Street A	Address (P.O. Box Number is Not Acce	ntable)		•
,	TER GARDEN FL 34787	J MURE, AS I	* '* '*	02	Ou del 7		piable)		- 6.1 2. 2.7 7.
AAUA	TIER GARDEN PL 34/8/			83					
				84	City	- 1,100 1 2,100 1 4 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		85 Zip C	ode
	40,0	0502 and 607:15	SOO Clorida Statuto	- the ebesse			<u> FL</u>		
11. Pursuant	t to the provisions of Sections 607 (COMOMITMENT TO STATE OF THE STATE OF THE PROPERTY OF THE PROPE	ne purpose of cha	anging its	
	t to the provisions of Sections 607.t registered agent, or both, in the Sta					ration's board of directors. I hereby acc	ept the appointm	ient as reg	istered
tts agent. La	am familiar with, and accept the ob					ration's board of directors. I hereby acc	ept the appointm	nent as reg	istered
	am familiar with, and accept the ob	ligations of, Sect	tion 607.0505, Flori	da Statutes.	uie corpoi	ration's board of directors, I hereby act	ept the appointm	ent as reg	istered
tts agent. La	am familiar with, and accept the ob	ligations of, Sect	tion 607.0505, Flori	da Statutes.	uie corpoi	quired when reinstating)	DATE	ient as reg	istered
SIGNATURE	am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PD	ligations of, Sect	tion 607.0505, Flori	da Statutes.	uie corpoi	quired when reinstatting) ADDITIONS/CHANGES TO C	DATE	ient as reg	istered
signature 12.	Signature, typed or printed name of registered OFFICERS PD BRADFORD, VIRGINIA A.	ligations of, Sect	able. (NOTE: I	da Statutes. Registered Agent	uie corpoi	quired when reinstating)	DATE	DIRECTO	RS IN 12
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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:

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90036 003 ***150.00