PROFIT

CORPORATION

ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90025 041 \*\*\*150.00 09-13-1999 90002 018 \*\*\*400.00

**FILED** 

<del></del>							
DOCUI	MENT # 521805	•		Ž.	<u> </u>		
1. Corporation	n Name LINDSAY SIMPSON, JA	M.D. P.A.					
HUNAUE	FINDOM CHAILOCH AND	14.04 1 44		. ,	E LOCATION LANGUA LANGUA (MARIA MARIA CARRA	en dane Catha Guera Cider dielek t	
				•			1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   188
Principal Place	e of Business	Mailing Addres	5				
1717 NORTH *E	· ST.	1717 NORTH TE	ST.				
SUITE 305 PENSACOLA FL	nost(f)	Suite 305 Pensacola fl	32501		DO NOT WRI	TE IN THIS SPACE	
PERSHOULA PL	, 36301				3. Date Incorporated or Qualifed		
					01/01/1977	·	
2. Principal P	tace of Business	2a. Mailing Add	ress		4. FEI Number		oplied For ot Applicable
21		26	u - 4-		59-1734922		Additional
Suite, Apt.	#, etc.	Suite, Apt. f	7, <del>0</del> 1C.		5. Certificate of Status Desired	1 1	equired
City & Stor		City & State			6. Election Campaign Financing	\$5.00	May Be
City & Stat	· <del></del>	28		-,	Trust Fund Contribution	Added	to Fees
Zip	Country	Z/p		Country	8. This corporation owes the curr	ent year intangible	LIND
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New F	redizzeren wilanı	
ĈIME.	SON, HORACE L. JR.			1-11			
	NORTH "E" ST., S-305			82 Street	Address (P.O. Box Number is Not Accepta	ible)	Ì
	SACOLA FL 32501			83			
						85 Zip	Code
				84 City		FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flo	rida Statutes, ti	he above named	I corporation submits this statement for the position's board of directors. I hereby accept	purpose of changing its	registered gistered
office or r	registered agent, or both, in the State on familiar with, and accept the oblig	ations/of, Section 607	nge was autro .0505, Florida	Statutes.	corporation submits this statement for the constion's board of directors. I hereby accept	40	
SIGNATURE	A me with	~ Nh-ssi	1.4.	MW- I-I	H' May 3, FI	<u>4</u> —	
	Signature, typed or printed name of registered ag	ND DIRECTORS	(UCTE: Red:	stered Agent signature 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
12.			DELETE	1.1 TITLE		Change	☐ Addition
TITLE NAME	PD   SIMPSON, HORACE L.JR	_		1.2 NAME		•	
STREET ADDRESS	AAAA DANOHOO TOAR			1.3 STREET ADDRESS	-		
CITY-ST-ZIP	PENSACOLA FL		1	1.4 CITY-ST-ZIP			C Addition
TITLE			DELETE	2.1 TITLE		Change	Addition
NAME			l l	2.2 NAME			
STREET ADDRESS	·						
CITY-ST-ZIP				2.3 STREET ADDRESS			
		<u>"</u>		2.3 STREET ADDRESS 2.4 City-St-ZBP =		☐ Change	Addition
TITLE			DELETE	2.3 STREET ADDRESS 2.4 City-St-ZBP = 3.1 Title		Change	Addition
NAME			DELETE	2.3 STREET ADDRESS 2.4 City-St-ZBP =		☐ Change	Addition
NAME . STREET ADDRESS			DELETE	2.3 STREET ADDRESS 2.4 CRTY-ST-ZEP = 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.3 STREET ADDRESS 2.4 CTTY-ST-ZBP ~ 3.1 TITLE 3.2 NAME		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZBP = 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZBP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZEP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZEP 4.1 TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	23 STREET ADDRESS 2, 4 CITY-ST-ZBF = 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZBF 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZBF		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE  DELETE	23 STREET ADDRESS 2, 4 CITY-51-29 ~ 3,1 TITLE 3,2 NAME 3,3 STREET ADDRESS 3,4 CITY-51-2P 4,1 TITLE 4,2 NAME 4,3 STREET ADDRESS 4,4 CITY-51-2P 5,1 TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE  DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZP ~ 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME	. 47. 1 - 1 - 1	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE  DELETE	23 STREET ADDRESS 2, 4 CITY-5T-ZP ~ 3,1 TITLE 3,2 NAME 3,3 STREET ADDRESS 3,4 CITY-5T-ZP 4,1 TITLE 4,2 NAME 4,3 STREET ADDRESS 4,4 CITY-ST-ZP 5,1 TITLE 5,2 NAME 5,3 STREET ADDRESS	. 47. 1 - 1 - 1	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CONTROL OF THE STREET ADDRESS CITY-ST-ZIP			DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZP ~ 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME	. 47. 1 - 1 - 1	☐ Change	Addition
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CITY-ST-ZP

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 corpolation or the receiver or trustel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or so an attachment with an educate, with all other like empowered.

SIGNATURE: