

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90212 002 \*\*\*150.00

DOCUMENT # 547045

1. Corporation Name

ROGER W. SHERMAN, M.D., P.A.

Principal Place of Business

312 SOUTH LAKE STREET  
SUITE 1  
LEESBURG FL 34748  
US

Mailing Address

P.O. BOX 895517  
LEESBURG FL 34789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1977

4. FEI Number

59-1816861

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 700 Doctors Court

2a. Mailing Address

26 P.O. BOX 490922

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Leesburg FL

City & State

28 Leesburg FL

Zip

24 34748

Country

25 USA

Zip

29 34748

Country

30 USA

9. Name and Address of Current Registered Agent

SHERMAN, JOANNE B  
312 SOUTH LAKE STREET  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name Joanne B. Sherman

82 Street Address (P.O. Box Number is Not Acceptable)  
425 S. Whitney Road

83 Leesburg FL

84 City

FL

85 Zip Code  
34748

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 607.0605, Florida Statutes.

SIGNATURE

Joanne B. Sherman

04 Jan 99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHERMAN, ROGER W.  
STREET ADDRESS 425 S WHITNEY ROAD  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE O  
NAME SHERMAN, JOANNE B  
STREET ADDRESS 425 S WHITNEY ROAD  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joanne B. Sherman

04 Jan 99 (352) 368-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)