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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 553179

DEAN & MILLER, M.D.'S, P.A.

, incipair acc	e of Business	Mailing Address				l	I (SOID) BILLS, BILES (1) 61 128(1) 144		• ,, •	
415 N. CAUSEWAY 415 N. CAUSEWAY										
NEW SMYRNA BCH FL 32169 NEW SMYRNA BCH FL 32169			32169)			DO NOT MODI	C IN THIC	CDACE	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
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		1 - 44 W A 44					12/01/1977			Annlind Car
2. Principal Place of Business		2a. Mailing Address				4. FEI Number				
21		26 Suite Ant # etc				<u>59-1779218</u>			5 Additional	
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, etc.				5. Certifcate of Status Desired		- - · · ·	Required
22		27								
City & Stat	ie .	City & State				Ì	6. Election Campaign Financing Trust Fund Contribution			May Be do for to Fees
23	Country	Z ip	Col	untry				4 1_4	_	id to rees
Zip	Country	⊢		uritiy			This corporation owes the curre Personal Property Tax.	ent year inta	Yes	□No
24	25	29	30	1			10. Name and Address of New R	enistered :		
	9. Name and Address of Current	Registered Agent		81	Name		TO. Haille allo Address of New I	registered i	-yein	
DEAL	N PORERT C M.D			["	1101110					·
DEAN, ROBERT C., M.D. 415 N. CAUSEWAY				82 Street Address (P.O. Box Number is Not Acceptable)						
	/ SMYRNA BEACH FL 32169									
IAEAA	SMITHIA DEACH FE 32109			83						
				84	City				85 Z	ip Code
					Ĭ			FL	<u> </u>	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change w	as authorize	d by '	the corpo	oration'	s board of directors. I hereby accep	ot the appoir	ntment as	registered
SIGNATURE			NOTE D				hop constating)	DATE		
	Signature, typed or printed name of registered agent	<u>`</u>	NOTE: Registere			required w		DATE FICERS AN	D DIREC	TORS IN 12
12.	OFFICERS AND	DIRECTORS	13.				nen reinstating) ADDITIONS/CHANGES TO OFI			
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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 supplementar 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 wittfall other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

___ Addition