

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 08, 1999 8:00 am
Secretary of State

03-08-1999 90016 023 ***150.00

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1. Corporation Name

DRS. ALVAREZ & MORGAN, M.D.'S, P.A.

Principal Place of Business

1425 SO OSPREY AVE
SARASOTA FL 34239

Mailing Address

1425 S. OSPREY AVE
SUITE 4
SARASOTA FL 34239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1978

4. FEI Number
59-1788587

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 2650 Bahia Vista St.

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Sarasota, FL

Zip

24 34239

Country

2a. Mailing Address

26 2650 Bahia Vista St.

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Sarasota, FL

Zip

29 34239

Country

30

9. Name and Address of Current Registered Agent

ALVAREZ, MIGUEL A MD
1425 S OSPREY AVENUE
SARASOTA, FL
34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2650 Bahia Vista Street

83

Suite 202

84 City

Sarasota

FL

85 Zip Code
34239

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.

SIGNATURE

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 ☐ DELETE

NAME MORGAN, WILLIAM C. MD

STREET ADDRESS 1425 SO OSPREY AVE

CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME ALVAREZ, MIGUEL A M.D.

STREET ADDRESS 1425 S OSPREY AVE

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2650 Bahia Vista St. Suite 202

1.4 CITY-ST-ZIP Sarasota, FL 34239

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2650 Bahia Vista St. Suite 202

2.4 CITY-ST-ZIP Sarasota, FL 34239

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: ✓

W. Morgan (Wm C Morgan, MD) ✓ 7/27/99

Date

Daytime Phone #

✓ 941-365-3232

CR2E034 (11/98)