## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

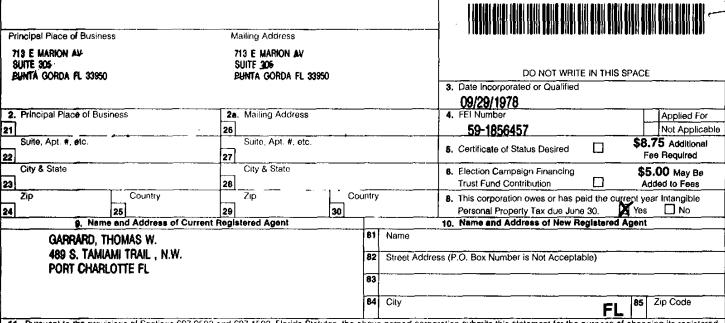
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 588065

ANTON M. DAMEFF, M.D., P.A.

(3)

## **FILED** May 06 1998 8:00am Secretary of State



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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	DELETE	1.1 TITLE	Change Addition	
NAME )	DAMEFF, ANTON M		1.2 NAME		
STREET ADDRESS	713 E MARION AVE STE 305		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PVS	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	<b>DAMEFF, ANTON M</b>		2.2 NAME		
STREET ADDRESS	713 E MARION AVE STE 305		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 00000		2.4 CITY-ST-ZIP	<u>.</u>	
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	**	DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information expolled 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 of supplemental arrival 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 chapted, or on an attachment with an address.

64 CITY-ST-ZIP