

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
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 018 ***300.00

DOCUMENT # 600355

1. Corporation Name

EARDLEY, MORRIS AND HOLLIS, M.D., P.A.

Principal Place of Business

P O BOX 48
1415 DUNN AVE
DAYTONA BEACH FL 32115

Mailing Address

P O BOX 48
1415 DUNN AVE
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1968

4. FEI Number

59-1208931

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

21 130 N. FREDERICK AVE

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH FL

Zip

Country

24 32114

25 USA

2a. Mailing Address

26 P.O. Box 48

Suite, Apt. #, etc.

27 City & State

28 DAYTONA BEACH FL

Zip

Country

29 32115

30 USA

9. Name and Address of Current Registered Agent

CHARLES M. BURKETT
1415 DUNN AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

130 N. FREDERICK AVE

83

84 City DAYTONA BEACH

FL

85 Zip Code 32114

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	MARTIN, CHARLES R M	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>
V	MILES, STEPHEN G M	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>
P	STONE, MELVIN	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>
V	SIRAGUSA, ROY J	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>
V	YUSCHOK, THOMAS J	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>
V	BURKETT, CHARLES M.	P O BOX 48	DAYTONA BEACH FL 32115	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)