

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 08, 1999 8:00 am
Secretary of State

05-08-1999 90090 018 ***158.75

DOCUMENT # 600701

1. Corporation Name

**MOLINA, BURKETT, CHAUHAN, WHEELLEY AND FINK, M.D.
, P.A.**

Principal Place of Business

**2345 14TH AVENUE, SUITE B
VERO BEACH FL 32960**

Mailing Address

**2345 14TH AVENUE, SUITE B
VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1968

4. FEI Number

59-1225753

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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BURKETT, LEO A.
2345 14TH AVENUE, SUITE B
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name

Martha L. Wheelley

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

1129 Fernandina Street

83

84 City

Ft. Pierce

FL

85 Zip Code

33449

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

Martha L. Wheelley mo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **REDDY, KAMBAM R**
CITY-ST-ZIP **2345 14TH AVENUE STE B**
VERO BCH FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WHEELLEY, MARTHA**
CITY-ST-ZIP **2345 14TH AVE**
VERO BCH, FL 00000

TITLE ☒ DELETE

NAME **PD**
STREET ADDRESS **BURKETT, LEO**
CITY-ST-ZIP **2345 14TH AVENUE**
VERO BEACH 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Martha L. Wheelley mo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha L. Wheelley, M.D. President

4-30-99

Date

(561) 567-6424

Daytime Phone #

CR2E034 (1/98)

0116366