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

DOCUMENT # 600752

1. Corporatio	,								
H.S.B. TRELOAR, M.D., P.A.									
Principal Plac	ce of Business	Mailing Address				-			
1041 DUNLAWTON AVENUE 1041 DUNLAWTON AVENUE									
SUITE 330 SUITE 330									
PORT ORANGE FL 32127-7975 PORT ORANGE FL 32127-7				975		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						12/31/1968			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26	· 		<u></u>	59-1226845	Not Applicable		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required			
City & Sta	to	City & State				6 Florting Committee Financing			<u> </u>
23	ic	28				6. Election Campaign Financing Trust Fund Contribution		5 5.00 Added to	May Be o Fees
Zip	Country	Zip	Cour	ntry		This corporation owes the current year			31 333
24	25	29	30			Personal Property Tax.	ĽΥ	es/es	□No
	9. Name and Address of Curre	ent Registered Agent		81		10. Name and Address of New Register	ed Agen	it	
TREI	LOAR,H S B			5'	Name				
	EN ELIZABETH LANE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	TONA BEACH FL 32118			83					
	•			04	O4.		— Ta-	T 7:0 C	
. <u> </u>				84	City	F			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stare of Florida, Such change war	tutes, the ab	bove by	e-named corpo	ration submits this statement for the purpose o's board of directors. I hereby accept the ap	of chan	ging its	registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Statu	utes.		10 bobis or an estato. The est, asset in a	pontane	11 00]
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NC	OTE: Registered	Agent	t signature required	when reinstating) DATE			
12.		AND DIRECTORS	13.	· <u>·</u>		ADDITIONS/CHANGES TO OFFICERS	AND DI	RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 π	LE				Change	Addition
NAME	TRELOAR,H S B		1.2 NA						
STREET ADORESS	1		i i		ADDDCCO I				
CITY-ST-ZIP	DAYTONA BEACH FL		1.3 STF	REET					ļ
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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 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 attagement with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90025 007 ***150.00