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## 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 # 600798

1. Corporation Name

LINVILLE, ADCOOK AND DEXTER, M.D., P.A.

			. w	<b>81.</b> ( 8	٠							
Principal Place	of Business	M	ailing Address					, 1884ID EIJII 88IIJ EBIII IBBI		51641 61611 E1E11 614	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1565 SAXON BL	VD SHITE 101	15	65 SAXON BLVD. SUITE	101								
DELTONA FL 32725 DELTONA FL 32725				· ;•· .	•							
022.0	·							DO NOT WE		3 SPACE		
								<ol><li>Date Incorporated or Qualife</li></ol>	d			
								01/22/1969				
2. Principal Pla	ace of Business	2a	. Mailing Address					4. FEI Number		App	lied For	
21		26						59-1229900		Not	Applicable	
Suite, Apt. #	#. etc.	11	Suite, Apt. #, etc.							\$8.75 Ad	dditional	
22		27	•					5. Certifcate of Status Desired		Fee Req	juired	
City & State	<u> </u>	7211	City & State					6. Election Campaign Financing		\$5:00-A	Aav Be	
	•	28						Trust Fund Contribution	, 🗆	Added to	- 1	
23 Zip	Country	201	Zip		ountry	,——		8. This corporation owes the cu	rrent vear Ir			
<b>─</b> `	25	29	<b></b>	30	,			Personal Property Tax.	110111 7041 11		⊒No I	
24	9. Name and Address of Current	1	stored Agent	130				10. Name and Address of New	Registered			
<del></del>	9. Name and Address of Current	Regis	stered Agent		81	Name		10. 114				
L IND/	HE IMMES IMP			,	.		VIL	LE, JAMES J., M.D.				
LINVILLE, JAMES J M.D.					82 Street Addres			ss (P.O. Box Number is Not Accep	table)			
10% XPRINGXVAXLEYXXXXXXXX					3126 Winding Pine Trail							
• ALTA	MONTEXSPRINGSXPLX327X4X				83	H					Ì	
					84	City				85 Zip Ci	nde	
·					84	,	awo	od	FI	L 3277	9- 3.1	
11 Burevant t	to the provisions of Sections 607.0502	and f	307 1508 Florida Statu	tes the	abov	e-named	como	ration submits this statement for th	e purpose o	of changing its r	egistered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Flori	da. Such change was a	authoriz	ed by	the corpo	oration	's board of directors. I hereby acc	ept the appo	intment as reg	istered	
SIGNATURE										<u> </u>		
010111110112	Signature, typed or printed name of registered agent					nt signature r	equired v	vhen reinstating)	DATE	HO DIDECTO!	30.101.40	
12.	OFFICERS AND	DIR		1				ADDITIONS/CHANGES TO C	FFICERS A			
TITLE	PD		☐ DELETE	1.1	TITLE					K) Change	☐ Addition	
NAME	LINVILLE, JAMES J.			1.2	NAME						ļ	
STREET ADDRESS	102 SPRING VALLEY LOOP			1.3	STREE	TADDRESS	31	26 Winding Pine Tr	ail			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	4		1.4	спу-я	ST-ZIP	Lo	ngwood, Florida 32	779			
TITLE	SD		☐ DELETE	2.1	TITLE					Change	☐ Addition	
NAME	ADCOOK, KENNETH J.			2.2	NAME							
STREET ADDRESS	2515 CHANUTE TRAIL			2.3	STREE	TADDRESS	21	31 Wiggley Farms F	oad			
CITY-ST-ZIP	MAITLAND FL 32751			2.	4 CITY-	ST-ZIP	De	ltona, Florida 327	25-230	8		
TITLE		-	☐ DELETE	3.1	TITLE					Change	☐ Addition	
NAME				3 2	NAME							
STREET ADDRESS				3.3	STREE	TADORESS		÷			[	
CITY-ST-ZIP				3.4	. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1	TITLE			•		Change	Addition	
NAME				4.	2 NAME						]	
STREET ADDRESS				4.3	STREE	T ADDRESS					ł	
					CITY	2Y 7ID	l					

CITY-ST-ZIP 14. I hereby certify that the information supplifindicated on this annual report or suppler officer or director of the corporation or the Block 12 or Block 13 if changed, or on an annual report. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information te and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes; and that my name appears in ot qualify rue and accui empowered to ex ther like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

~James J. Linville

800/741-0096

Change

Change

☐ Addition

Addition