

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90016 027 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601093

1. Corporation Name

DOCTORS SCOTT, WATSON, MILLER & BERDY, P.A.

Principal Place of Business

2360 PARK ST
JACKSONVILLE FL 32204

Mailing Address

2360 PARK ST
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1969

4. FEI Number

59-1264801

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. ☒ Yes ☐ No

2. Principal Place of Business

21 **1511 STOCKTON ST**

Suite, Apt. #, etc.

22

City & State

23 **JACKSONVILLE, FL**

Zip

24 **32204**

Country

25

2a. Mailing Address

26 **1511 STOCKTON ST**

Suite, Apt. #, etc.

27

City & State

28 **JACKSONVILLE FL**

Zip

29 **32204**

Country

30

9. Name and Address of Current Registered Agent

BERDY, CHRISTIAN S.
2360 PARK ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

BERDY, CHRISTIAN S.

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

1511 STOCKTON ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32204

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 PD ☐ DELETE

NAME **BERDY, CHRISTIAN S.**

STREET ADDRESS **2360 PARK STREET**

CITY-ST-ZIP **JACKSONVILLE 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

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

PD

☒ Change ☐ Addition

1.2 NAME

BERDY, CHRISTIAN S.

1.3 STREET ADDRESS

1511 STOCKTON ST

1.4 CITY-ST-ZIP

JACKSONVILLE FL 32204

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.

SIGNATURE:

CHRISTIAN S. BERDY

8/6/99

904-3891376

CR2E034 (5/99)