

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **601409**

(6)

1. Corporation Name

CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASSOCIATION

Principal Place of Business

**130 PABLO STREET
P.O. BOX 2098
LAKELAND FL 33806-9098**

Mailing Address

**130 PABLO STREET
P.O. BOX 2098
LAKELAND FL 33806-9098**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1969

4. FEI Number

59-1273583

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**MELTON JR., JAMES D.
130 PABLO STREET
P.O. BOX 2098
LAKELAND FL 33806-9098**

10. Name and Address of New Registered Agent

81 Name

Eason, Donald

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

130 Pablo St

83

PO Box 2098

84 City

Lakeland

FL

85

**Zip Code
33806**

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

Donald Eason, President

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 **D** ☐ DELETE
NAME **BASS, SHELTON T.**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☐ DELETE
NAME **MELTON, JAMES D. JR.**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** ☐ DELETE
NAME **EVANS, R DAVID**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE
NAME **NAIMAN, RICHARD A.**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** ☐ DELETE
NAME **MALLONE, WILLIAM F**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **TRINDADE, ANTONIO**
STREET ADDRESS **130 PABLO STREET**
CITY-ST-ZIP **LAKELAND FL**

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 **PD** ☒ Change ☐ Addition
3.2 NAME **Eason, Donald**
3.3 STREET ADDRESS **130 Pablo St**
3.4 CITY-ST-ZIP **Lakeland FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **Aguiar, Susan**
5.3 STREET ADDRESS **130 Pablo St**
5.4 CITY-ST-ZIP **Lakeland FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Evans, R David**
6.3 STREET ADDRESS **130 Pablo ST**
6.4 CITY-ST-ZIP **Lakeland FL**

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

[Signature]

CR2E034 (5/98)