Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90097 029 ***150.00

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

 Corporation 	MENT # 601793 ESIA ASSOCIATES, M.D., P	.A.					
Principal Place	of Business	Mailing Address		•		914 B1841 B1911	
567 AVENUE K S.E. 567 AVENUE K S.E.							
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
	•				12/23/1969		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26					59-1278346	<u> </u>	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22 27							Required
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution		I to Fees
Zip	Country	Zip 30	¬ ´		8. This corporation owes the current year Inta Personal Property Tax.	angibie X ∫Yes	□No
24	9. Name and Address of Current		<u>''</u>		10. Name and Address of New Registered		
	J. Hailin and Address of Carrett	. registered rigent	81	Name		 	
LING	ENFELTER, ALAN L.		82	Ctroot	Address (P.O. Box Number is Not Acceptable)		
567 AVENUE K S.E.			82	Street	Address (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880			83		,		
	(405, 20 5a)		84	City	`	85 Zip	Code
	rige of the term of the		-	′	FL		}
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 roffice 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 reg agent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							registered
	Signature, typed or printed name of registered agen		gistered Ager	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	n pirect	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE		VD	Change	
TITLE	DOMENIC V. OTTAIANO , M.D.	<u> </u>	1.2 NAME		Jorge R. Villarreal, M.	D .	}
NAME STREET ADDRESS	567 AVENUE K S.E.		1.3 STREET	CADORESS	567 Avenue K, SE	υ.	. (
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		1,4 CITY-S		Winter Haven, F1 33880	1	Ì
CITY-ST-ZIP	VD	DELETE 21π			WINCEL naven, FI. JJ00)	Change	e Addition
NAME	NETTLOW, DONALD R JR		2.2 NAME		·		ľ
STREET ADDRESS	567 AVENUE K. S.E.		2.3 STREE	T ADDRESS	·		ſ
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1	2. 4 CITY-5	ST-ZIP			
IIILE	PD	DELETE ,	3.1 TITLE	ـ سـد -	المسائيون فالمادات الربايات والمادي	Change	Addition
NAME	LINGENFELTER, ALAN L, MD		3.2 NAME			·	ļ
STREET ADDRESS	567 AVENUE K S.E	•	3.3 STREE	TADORESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000		3.4. CITY-5	ST-21P		<u></u>	
TITLE	VD	☐ DELETE	4.1 TTTLE			Change	e
NAME	SIMON, MICHAEL J MD		4. 2 NAME				
STREET ADDRESS	567 AVENUE K S.E.	•		T ADDRESS			
CITY-ST-ZiP	WINTER HAVEN, FL 00000	☐ DELETE	4.4 CITY-S	T-ZIP		Change	e Addition
TITLE	VD	☐ VELEIC	5.1 TITLE 5.2 NAME			5.46.19°	- LI Monott
NAME	Myers, William P M 567 Avenue K S.E.	,	1	TADORESS			
STREET ADDRESS	WINTER HAVEN FL 33880		5.4 CITY-S				
C/TY-ST-ZIP	VD VD	☐ DELETE	6.1 TITLE			Change	e ☐ Addition
NAME	DRUM, JERRY B. MD		6.2 NAME				
STREET ADDRESS	567 AVENUE K S.E.		6.3 STREE	T ADDRESS			

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATUREX

CITY-ST-ZIP

WINTER HAVEN FL