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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 602593

1. Corporation Name

GEORGE W. LITTLE M.D., P.A.

Principal Place of Business

3601 S.W. 2ND AVE.
SUITE B
GAINESVILLE FL 32607

Mailing Address

3601 S.W. 2ND AVE.
SUITE B
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1719 N.W. 23 Ave

Suite, Apt. #, etc.

22 Apt. PHF

City & State

23 Gainesville, Florida

Zip

24 32605

Country

25 USA

2a. Mailing Address

26 1719 N.W. 23 Ave

Suite, Apt. #, etc.

27 Apt. PHF

City & State

28 Gainesville, Florida

Zip

29 32605

Country

30 USA

3. Date Incorporated or Qualified

12/21/1970

4. FEI Number

59-1310185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LITTLE, GEORGE M.D. P.A.
3601 S.W. 2ND AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Little, George M.D. P.A.

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

1719 N.W. 23 Ave

83

Apt PHF

84 City

Gainesville, Florida FL

85 Zip Code

32605

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

George W. Little M.D. P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LITTLE, GEORGE W
STREET ADDRESS 1719 N.W. 23RD AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME LITTLE, TRUDY GIES
STREET ADDRESS 1719 N.W. 23RD AVENUE
CITY-ST-ZIP GAINESVILLE 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

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 ☐ 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, with all other like empowered.

SIGNATURE:

George W. Little M.D. P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

1-352-378-5000

Daytime Phone #

CR2E034 (11/98)