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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603454

EDWARD W. CARTER, III, M.D., P.A.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90007 014 ***150.00

| | | Moiling Address | | <u>. </u> | | | | JULIA BABAH KURI |
|---|---|---|--|--|-----------------------------|--|-------------------------------------|------------------------------|
| Principal Place | Mailing Address | | | | | | | |
| PO BOX 491363 PO | | 708 NORTH LEE STREET PO BOX 491363 LEESBURG FL 34749-8363 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed 03/22/1972 | | mlia d F - |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | <u> </u> | plied For |
| 21 | | 26 | | | | 59-1387831 | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 A | equired |
| City & Stat | е | City & State | | | _ | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year | | . . |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Current | | | | | 10. Name and Address of New Registe | red Agent | |
| | | | | 81 Na | ame | • | | |
| CARTER III, EDWARD W | | | | 82 St | reet Addr | ess (P.O. Box Number is Not Acceptable) | د مغید بدورش پوښود د درور | |
| , , , , | SBURG FL 34748-1307 | | | 83 | | | | |
| | | | | 84 C | ity | र्वे केव्यार स्थान के विश्ववेद्या जान के विश्ववेद्या है। | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607 1508, Florida Statu | ites, the a | bove-na | med corp | poration submits this statement for the purpos | e of changing its | registered |
| | registered agent, or both, in the State of im familiar with, and accept the obligat | | | | corporatio | on's board of directors. I hereby accept the a | PP-0 | · 5 |
| SIGNATURE | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | | l Agent sign | ature require | d when reinstating) ' DAT | | |
| 12. | OFFICERS AN | | | | | | 2 AND DIDECT | 7RS IN 17 |
| | | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICER | | |
| TITLE | PST | D DIRECTORS DELETE | 1,1 Ti | | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | ☐ Addition |
| <u> </u> | PST Carter, Edward W. III | | 1,1 Ti | AME | | | | |
| TITLE | PST CARTER, EDWARD W. III 708 N. LEE STREET | | 1.1 Ti 1.2 N 1.3 S | AME TREET ADD | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CARTER, EDWARD W. III 708 N. LEE STREET LEESBURG FL | ☐ DELETE | 1.1 Ti 1.2 N 1.3 S 1.4 C | AME TREET ADD | | | ☐ Change | |
| TITLE NAME STREET ADDRESS | PST CARTER, EDWARD W. III 708 N. LEE STREET LEESBURG FL D | | 1,1 Ti 1,2 Ni 1,3 Si 1,4 Ci 2,1 Ti | AME TREET ADD ITY-ST-ZIP TLE | | | | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PST CARTER, EDWARD W. III 708 N. LEE STREET LEESBURG FL D CARTER, E W | ☐ DELETE | 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N | AME TREET ADD ITY-ST-ZIP TLE AME | | | ☐ Change | Addition |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS