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
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90013 028 ***150.00

0098214

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **604346**

1. Corporation Name
DON LOUIS HORN, M.D. P.A.

Principal Place of Business	Mailing Address
809 E MARION AVE P.O. BOX 670 PUNTA GORDA FL 33950	~~809 E MARION AVE~~ ~~P.O. BOX 670~~ ~~PUNTA GORDA FL 33950~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1973

2. Principal Place of Business (21)	2a. Mailing Address (26): P. O. Box 510670	4. FEI Number: 59-1462282	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28): Punta Gorda, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24) / Country (25)	Zip (29): 33951 / Country (30)	8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HORN, D.L.
809 E. MARION
PUNTA GORDA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HORN, D.L.		1.2 NAME	
STREET ADDRESS	809 E. MARION		1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HORN, D.L.		2.2 NAME	
STREET ADDRESS	809 E. MARION		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HORN, D.L.		3.2 NAME	
STREET ADDRESS	809 E. MARION		3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Don L. Horn, M.D. DON L. HORN, 7/23/99 941-639-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

604346
SG 75536-9013-28

LORICCO, WILLIAMS, CROSLAND AND JOINER, C.P.A.'S, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

CARLO J. LORICCO, C.P.A.
DON E. WILLIAMS, C.P.A.
BRIAN W. CROSLAND, C.P.A.
J. SCOTT JOINER, C.P.A.

3005 CARING WAY, SUITE A
POST OFFICE BOX 3179
PORT CHARLOTTE, FLORIDA 33949
TELEPHONE (941) 629-1197
FAX (941) 629-5274

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

July 20,1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Don Louis Horn, M.D., P.A.
Document # 604346

Dear Sir/Madam;

Enclosed is a check from the above referenced taxpayer in the amount of $150.00. This amount covers the filing fee for 1999. Please consider abating penalties normally imposed, as this taxpayer did not receive any forms prior to this second notice.

The 809 E. Marion Ave address is a large hospital in this area, where Dr. Horn has his office. Dr. Horn has had many instances where he has not receive his mail. To avoid future problems, he is changing his mailing address to PO Box 510670, Punta Gorda, Florida 33951.

Please do not hesitate to contact this firm or our client, Don L. Horn, M.D., P.A., with any questions.

Thank you for your consideration.

Very truly yours,

Katherine A. Matthew

Katherine A. Matthew
For the Firm

Enclosure