FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 604367

	1. Corporation	AND GONSHOR, M.D.'S OF	PHTHALMOLOGY, P.A	١.				
ŀ	Principal Place	of Business	Mailing Address			3 100F10 03113 60311 83006 61180 01311 FB01	MANTA MANDAL NAMES NA	INIT BINIT (NO.
211 EAST 11TH STREET PANAMA CITY FL 32401			1104 MAGNOLIA AVENUE PANAMA CITY FL 32401 US		DO NOT WRITE IN THIS SPACE			
l						3. Date Incorporated or Qualifed 07/01/1973		
ŀ	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
	21		26			59-1489703	Not	Applicable
İ	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
l	22		City & State	<u> </u>		R. Election Committee Circuita	\$5.00	·
	City & State	•	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
l	Zip	Country	Zip	Count	ry	8. This corporation owes the current ye	ear Intangible	
l	24	25	29	30		Personal Property Tax.	☐ Yes	□No
Ì		9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Regis	tered Agent	
	1104	ELTON COFER, MD, PA MAGNOLIA AVE AMA CITY FL 32401		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
1				- 1				
					4 City		FL 85 Zip C	
	office or re agent. I as	egistered agent, or both, in the State m famillar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abo authorized b Florida Statute	ve-named cor by the corporates.	poration submits this statement for the purption's board of directors. I hereby accept the	pse of changing its appointment as reg	registered
	office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was tions of, Section 607.0505, F nt and title if applicable (NO	tutes, the abo authorized b Florida Statute	ve-named cor by the corporates.	tion's board of directors. I nereby accept the	ose of changing its appointment as reg	registered gistered
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	office or reagent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ager OFFICERS AN	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abo s authorized b florida Statute	ive-named cor by the corporates.	red when reinstating)	ose of changing its appointment as regarders. ATE RS AND DIRECTOR	registered gistered
	office or reagent. I as	egistered agent, or both, in the State in familiar with, and accept the obligated Signature, typed or printed name of registered agenometric OFFICERS AN PD COFER, H. FELTON 211 EAST 11TH STREET	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abos authorized before Statute TE: Registered Ag 1.1 TITLE	ive-named cor by the corporates.	red when reinstating)	ose of changing its appointment as regarders. ATE RS AND DIRECTOR	registered gistered
	office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AN PD COFER, H. FELTON	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abox authorized before Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature requirement signature requirem	red when reinstating)	ose of changing its appointment as regarded. ATE RS AND DIRECTOR Change	registered pistered RS IN 12 Addition
	office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State In familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN PD COFER,H. FELTON 211 EAST 11TH STREET PANAMA CITY FL VD	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abox authorized before the statute of th	ent signature requirement signature requirem	red when reinstating)	ose of changing its appointment as regarders. ATE RS AND DIRECTOR	registered gistered
	office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State In familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN PD COFER,H. FELTON 211 EAST 11TH STREET PANAMA CITY FL VD GONSHOR, LEE G	of Florida. Such change was tions of, Section 607.0505, F	tutes, the abos authorized before authorized before authorized before a 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 22 NAME	ve-named corry the corporates.	red when reinstating)	ose of changing its appointment as regarded. ATE RS AND DIRECTOR Change	registered pistered RS IN 12 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 attractment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90081 023 ***150.00