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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 604514 (0)

OCIATES, M.D., P.A.
Mailing Address
1121 N W 64TH TERRACE GAINESVILLE FL 32605-4218
2a. Mailing Address
Suite, Apt. #, etc.
27
City & State

**FILED** Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

07/12/1973 4. FEI Number

59-1475526

5. Certificate of Status Desired

City & State					<ol><li>Election Campaign Financing</li></ol>	\$5.00 i	May Be	
23	28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has pale	I the current year Inta	ingible	
24	25	29	30		Personal Property Tax due June 3		No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
NESMITH, MARSH ARTHUR, JR.			81	Name				
1121 NW 64TH TERR			82	Street Addi	ress (P.O. Box Number is Not Acceptable	a)		
GAINESVILLE, FL			<u></u>					
32605			83	<b>\$</b>				
			84	City		85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the pu	rpose of changing its	registered	
oπice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 607.0505, F	Torida Statute	iy irie corporat is.	tion's board of directors. I hereby accept	tile appointment as t	egistered	
SIGNATURE	· -						i	
SIGNATORE.	Signature, typed or printed name of registered agent as			ent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE 1.1				Change	Addition	
NAME	NESMITH, M.A., JR.							
STREET ADDRESS	•			T ADDRESS				
CiTY-ST-ZiP				ST-ZIP				
FITLE	VP	DELETE	2.1 TITLE				Addition	
NAME	GERTNER, HAROLD R JR. 22N							
STREET ADDRESS			2,3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	GAINESVILLE, FL 0		2. 4 CITY-	ST-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	WESLY, ROBERT L		3.2 NAME					
STREET ADDRESS	1121 N.W., 64TH TERR	ERR 3.3		T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL			ST-ZIP			[ ]	
TITLE	D	☐ DELETE	4.1 TITLE			L Change	Addition	
NAME	SNYDER, JEFFERY S		4, 2 NAME					
STREET ADDRESS	1121 N.W. 64TH TERRACE		4.3 STREE	T ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL		4.4 CITY-	ST-ZIP			_	
TITLE	D	DELETE	5.1 TITLE			Change	☐ Addition	
NAME	CROUSHORE, ELMER E		5.2 NAME					
STREET ADDRESS	1121 N.W. 64TH TERR.		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-	ST-ZIP				
TITLE	D	DELETE	6.1 TITLE			Change	Addition	
NAME	CAGGIANO, ANTHONY V		6.2 NAME					
STREET ADDRESS	1121 N.W. 64TH TERRACE		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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under-eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 27, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**GAINESVILLE FL** 

CITY - ST - ZIP

SIGNATURE:

KGNATURE REC

Applied For

Fee Required

Not Applicable \$8.75 Additional