

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90227 010 ***150.00

DOCUMENT # 604797

1. Corporation Name

THE DOCTORS' OFFICE, P.A.

Principal Place of Business

4295 3RD AVE
MARIANNA FL 32446
US

Mailing Address

2919 GREEN STREET
MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1973

4. FEI Number

59-1492023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3081 COLLEGE ST
Suite, Apt. #, etc.

22 City & State

27 MARIANNA FL
City & State

23 Zip

Country

28 32446 USA
Zip Country

30

9. Name and Address of Current Registered Agent

BRUNNER, WILLIAM F.
2919 GREEN STREET
MARIANNA FL 32446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BRUNNER, WILLIAM F.
STREET ADDRESS 2919 GREEN ST
CITY-ST-ZIP MARIANNA FL

TITLE S ☐ DELETE
NAME BRUNNER, DIANE
STREET ADDRESS 2919 GREEN ST
CITY-ST-ZIP MARIANNA FL

TITLE VP ☐ DELETE
NAME BRUNER, RICHARD G MD
STREET ADDRESS 3180 COLLEGE ST
CITY-ST-ZIP MARIANNA 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3081 COLLEGE ST
1.4 CITY-ST-ZIP MARIANNA, FL 32446

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3081 COLLEGE ST
2.4 CITY-ST-ZIP MARIANNA FL 32446

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2919 Green St
3.4 CITY-ST-ZIP MARIANNA FL 32446

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: William F. Brunner 2-12-99 8504824687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)