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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

JOHN P. SCRUGGS, O.D., P.A.

**FILED** Apr 08 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |                           |   |                     | 188110 Atte 11600 thin Dired little 1881 Albit Blair Bibli Best Albit Bibli 1881 |  |
|---|---|---------------------------|---|---------------------|--|--|
|   | MILITARY TRAIL                          | 1162 NORTH MILITARY       |   |                     |  |  |
| WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3   |   |                           | 33409   |                     |  | DO NOT WRITE IN THIS SPACE   |
|   |   |                           |   |                     |  | Date Incorporated or Qualified     05/21/1979  |
| 2. Principal P  | lace of Business                        | 2a. Mailing Address       |   |                     |  | 4. FEI Number Applied For  |
| 21  |   | ├ <del>─</del> ┐          | 26  |                     |  | 59-19194 Not Applicable  |
| I SUITE ADL   | #, etc.                                 | Suite, Apt. #, etc.       |   |                     |  | ¢0.75 Additional   |
| 22  |   | 27                        |   |                     |  | 5. Certificate of Status Desired Fee Required  |
| I City & State  | 9                                       | <b>—</b> •                | City & State                                      |                     |  | 6. Election Campaign Financing \$5.00 May Be   |
| Zip Country   |   | 28                        | · <del>                                    </del> |                     | <del></del> .  | Trust Fund Contribution L Added to Fees  |
| Zip 24  | Country                                 | Zip                       | -   | Country             |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No |
| 24)   | 25<br>g, Name and Address of Cur        | rent Registered Agent     | 30  | <u>"</u>            |  | Personal Property Tax due June 30. Yes INo  10. Name and Address of New Registered Agent                     |
| 90  |   | THE TROUBLE FOR THE TOTAL |   | 81                  | Name   | 10. Haine and Address of Hew Registered Agent  |
|   | SCRUGGS, JOHN P<br>749 RAMBLING DR WEST |                           |   |                     |  |  |
|   | PALM BEACH FL 33414                     |                           | 82 Street Add                                     |                     | Street Add   | dress (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 |   |                           |   |                     |  |  |
| 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 narray of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                           |   |                     |  |  |
| 12.   |   | AND DIRECTORS             | 13.   | ı Ağe               | nt signature requ  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | PD                                      | DELETE                    | 1.1 111   | TLE                 |  | Change Addition  |
| NAME  | SCRUGGS, JOHN P                         |                           | 1.2 NAME  |                     |  |  |
| STREET ADDRESS  | 749 RAMBLING DR WEST                    |                           | 1.3 \$71  |                     | ADORESS  |  |
| CITY-ST-ZIP   | W PALM BEACH FL                         |                           | 1.4 CF  |                     | T- ZIP   |  |
| TITLE   |   | ☐ DELETE                  | 2.1 TIT   |                     |  | Change Addition  |
| NAME  |   |                           | 2.2 NAME  |                     |  | İ  |
| STREET ADDRESS  | s                                       |                           | 2.3 ST  | 2.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |   |                           | 2 4 C   | 2 4 CITY - ST - ZIP |  |  |
| TITLE   |   | ☐ DELETE                  | DELETE 3.1 TI                                     |                     |  | Change Addition  |
| NAME  |   |                           | 32 NA   |                     |  |  |
| STREET ADDRESS  |   |                           | 3.3 STF   |                     | ADDRESS  |  |
| CATY-ST-ZIP   |   |                           | 3.4. CI   | 3.4. CITY-ST-ZIP    |  |  |
| TITLE   |   | ☐ DELETE                  | DELETE 41 TI                                      |                     |  | Change Addition  |
| NAME  |   |                           | 4. 2 N/   | AME                 |  |  |
| STREET ADDRESS  |   |                           |   |                     | ADDRESS  |  |
| CITY-ST-ZIP   |   |                           | 4.4 Cf  |                     | r-zip  |  |
| TALE  |   | ☐ DELETE                  | 5.1 TITLE   |                     |  | ☐ Change ☐ Addition  |
| NAME  |   |                           | 5.2 NA  |                     |  |  |
| STREET ADDRESS  |   |                           | 1   |                     | ADDRESS  |  |
| CITY-ST-ZIP   |   |                           |   | 5 4 City-St-ZiP     |  | The state of   |
| TITLE   |   | DELETE                    | 6.1 111   |                     |  | ☐ Change ☐ Addition  |
| NAME  |   |                           | 6.2 NA  |                     |  |  |
| STREET ADDRESS  |   |                           |   |                     | ADDRESS  |  |
| CITY+ST-ZIP   |   |                           | 6.4 Cf  | [Y-S]               | T-ZIP  |  |

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 trusts of mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attaching with an address.