## 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

## DOCUMENT # 637571

ROBERT G. MULLEE, M.D., P.A.

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90015 001 \*\*\*150.00



2. Principal Place of Business   2a. Mailing Address   559-1928472   58.7   599-1928472   599	·		1			
Seed of MENDERRY RD   Seed of Seed on New System   Seed on New New New System   Seed on New New System   Seed on New	·			ailing Address	M	ncinal Place of Business
AMESVILLE FL 32905-1373  2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc.  3. Date incorporated or Qualified 1/0/0/1/1978  4. FEI Number 59-1929472  5. Certificate of Status Desired   \$8.7 Fee \$7-1929472  5. Certificate of Status Desired   \$8.7 Fee \$1-1929472  5. Certificate of Status	·			10 W NEWBERRY RD	644	
SAINESVILLE FL 2205-1373  Gene Syller FL 3200-1373  Gene Syller FL 3200-1373  Gene Syller FL 3200-1373  A South, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip Country  Zip Country  Zip Country  Zip Country  Sip 3 30  A Fle Humber FL 3200-1373  Tuss Fund Contribution  A St. This corporation on set incurrent requirement and set in septiation.  MULLEE, ROBERT G MD  6440 W NEWBERRY RD  SIE 105  GAINESVILLE, FL 32005-1373  Tis Funsuant to the provisions of Sections 607,5502 and 607,5503 and 607,5503 and 607,6503 and 6				E 105	ST ST	105
2. Principal Place of Business 28. Mailing Address 25. Surface April #, etc. 25. Surface April #, etc. 26. Surface April #, etc. 27. Surface April #				INFRAILTE LE 35000-1313	GA	NESVILLE FL 32605-1373
2. Principal Place of Business 2. 2a. Mailing Address 2. 59-1929472 3. Suite, Apt. #, etc. 2. City & State 3. Suite, Apt. #, etc. 2. City & State 3. City & State 4. City City City City City City City City		10/01/1979				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.7    City & State   City & State   City & State   S. Election Campaign Financing   \$3.7    Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Interngible   Personal Property Tax.   Yes   Yes    9. Name and Address of Current Registered Agent   81   Name   10. Name and Address of New Registered Agent   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Street Address (P.O. Box Number is Not Acceptable)   85   Street Address (P.O. Box Number is Not Acceptable)   86   Street Address (P.O. Box Number is Not Acceptable)   87   Street Address (P.O. Box Number is Not Acceptable)   88   City   FL   85   Street Address (P.O. Box Number is Not Acceptable)   89   Street Address (P.O. Box Number is Not Acceptable)   80   Street Address (P.O. Box Number is Not Acceptable)   80   Street Address (P.O. Box Number is Not Acceptable)   80   Street Address (P.O. Box Number is Not Acceptable)   80   Street Address (P.O. Box Number is Not Acceptable)   81   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Street Address (P.O. Box Number is Not Acceptable)   85   Street Address (P.O. Box Number is Not Acceptable)   86   Street Address (P.O. Box Number is Not Acceptable)   86   Street Address (P.O. Box Number is Not Acceptable)   87   Street Address (P.O. Box Number is Not Acceptable)   87   Street Address (P.O. Box Number is Not Acceptable)   88   Street Address (P.O. Box Number is Not Acceptable)   89   Street Address (P.O. Box Number is Not Acceptable)   88   City   FL   Street Address (P.O. Box Number is Not Acceptable)   89   Street Address (P.O. Box Number is Not Acceptable)   89   Street Address (P.O. Box Number is Not Acceptable)   80   St	Applied For	4. FEI Hamber		Mailing Address	2a	- A Disease of Business
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.     Suite, Apt. #, etc.	Not Applicable					Principal Place of Business
2   City & State   Trust Fund Contribution   \$5.5.	Fee Required	5 Certificate of Status Desired		Suite, Apt. #, etc.		0.11- A-1 # oto
City & State  Trust Fund Contribution  Add  Add  Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.	55.00 May Be				27	Suite, Apr. #, etc.
21   Country   21   Country   22   Su   30   Su   Country   25   Country   25   Su   29   Su   30   Su   Country   Su   Su   Su   Su   Su   Su   Su   S	Added to Fees	6. Election Sample St. The Co.		City & State		City & State
Possonal Property Tax.   Yes		Trust Fund Condibution			28	Oily a diam
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent MULLEE, ROBERT G MD 6440 W NEWBERRY RD STE 105 GAINESVILLE, FL 32605-1373  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 changin 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 a degent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and 15e if applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY 57.72P  TITLE DELETE 1. Imite 2. 2. NAME 3. STREET ADDRESS 2. 4 CITY 57.72P  TITLE NAME 3. STREET ADDRESS 3. ACTY 57.72P  TITLE NAME 3. STREET ADDRESS 4. CITY 57.72P  TITLE NAME 5. STREET ADDRESS 5.	res □No		try	Zip	Country	Zip
MULLEE, ROBERT G MD 6440 W: NEWBERRY RD STE 105 GAINESVILLE, FL 32605-1373  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 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 a agent, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent and tise if application. (NOTE: Regularied Agent dipention's Popularies, Typed or periode flearer of registered agent agent and tise if application.  Signature, Typed or periode flearer of registered agent agent agent and tise if application.  TITLE  PD  MULLEE, ROBERT G, M.D.  21 Name  21 Name  21 Name  22 NAME  23 STREET ADDRESS  GTY-ST-ZP  TITLE  NAME  STREET ADDRESS  GTY-ST-ZP  DELETE  1 DELETE  21 TITLE  NAME  32 NAME  33 STREET ADDRESS  GTY-ST-ZP  DELETE  34 CITY-ST-ZP  Change	ıt	10 Name and Address of New Registered Agent				25
MULLEE, ROBERT G MD 6440 W NEWBERRY RD STE 105 GAINESVILLE, FL 32605-1373  11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposa of changin 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 applications of Section 607.0502, Florida Statutes.  SIGNATURE  SIGNATURE  12: OFFICERS AND DIRECTORS  13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14: OFFICERS AND DIRECTORS  15: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17: TITLE  PD DELETE  11: DELETE  12: NAME  MULLEE, ROBERT G, M.D.  13: SIRECT ADDRESS  26: TITLE  20: TITLE  21: TITLE  22: NAME  23: STREET ADDRESS  24: CITY-ST-ZP  TITLE  10: DELETE  31: TITLE  31: TITLE  42: NAME  33: STREET ADDRESS  34: CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  34: CITY-ST-ZP  15: TITLE  10: DELETE  31: TITLE  31: TITLE  31: TITLE  31: TITLE  31: TITLE  32: NAME  33: STREET ADDRESS  34: CITY-ST-ZP  35: TITLE  31: TITLE  31: TITLE  31: TITLE  31: TITLE  31: TITLE  32: NAME  33: STREET ADDRESS  34: CITY-ST-ZP  35: TITLE  35: NAME  35: STREET ADDRESS  36: CITY-ST-ZP  35: TITLE  35: TITL		TO. NUMB AND THE PROPERTY OF T	R1 Name	stered Agent	and Address of Current Regi	9. Name and
6440 W NEWBERRY RD STE 105 GAINESVILLE, FL 32605-1373  111: 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 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ITITLE  DELETE  12. NAME  MULLEE, ROBERT G., M.D.  STREET ADDRESS  CITY-ST-ZP  GAINESVILLE FL  DELETE  14. ITITLE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  33. TREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  24. ITITLE  22. NAME  33. STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  34. ITITLE  Change  43. STREET ADDRESS  CITY-ST-ZP  DELETE  41. ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  41. ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  51. ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  51. ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  51. ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  STREET ADDRESS  STREET ADDRES		A STATE OF THE STA			0.110	
STE 105 GAINESVILLE, FL 32605-1373  84		iress (P.O. Box Number is Not Acceptable)	Street Addre		KIGMU	MULLEE, ROBERT
GAINESVILLE, FL 32605-1373  84			83		EKKY KU	
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 changin 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 a agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	5 Zip Code	os Zir			EL 0000E 1079	SIE 105
SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE PD MULLEE, ROBERT G., M.D.  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET	-   ·	FL! I	1 .			
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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 attachment with an address, with all other like empowered.

SIGNATURE:

REROBERTEG Mullee, President