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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 637718



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90061 037 ***150.00

DORSEY OF BOCA GRANDE, INC. Mailing Address Principal Place of Business 170 W DEARBORN ST 170 W DEARBORN ST ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/27/1979 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1959321 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Country Zip Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes IX(No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DUNKIN, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 170 W DEARBORN ST ENGLEWOOD FL 34223 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE DORSEY, DENNIS B., M.D. 1.2 NAME NAME 170 PALM AVE., P.O. BOX 857 1.3 STREET ADDRESS STREET ADDRESS **BOCA GRANDE FL 33921** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change DELETE DST 2.1 TITLE Tm e DORSEY, HAZEL O. 22 NAME NAME 170 PALM AVE., P.O. BOX 857 2.3 STREET ADDRESS STREET ADDRESS **BOCA GRANDE FL 33921** 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 41 TITLE DDE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CITY-ST-ZIP

Feb 24, 1499
Daytime Phone

CR2E034 (11/98)