### 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 # 643437 1. Corporation Name

J. MICHAEL WHITT, P.A.

# May 08, 1999 8:00 am Secretary of State

05-08-1999 90028 009 \*\*\*550.00



Principal Place	of Business	Mailing Address				
1435 HOWELL BRANCH RD 1435 HOWELL BRANCH RD						
WINTER PARK FL 32789 WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				10/30/1979		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21			Lake Dr.	59-1939867	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	_ <del> </del>		8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	5.00 May Be	
23		28 Leesburg,	+ L ,	Trust Fund Contribution	Added to Fees	
Zip	Country		Country	8. This corporation owes the current year Intangit		
24	25	29 34788 30	Lake	Personal Property Tax.		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Age	nt	
WHITT, J. MICHAEL, D.M.D.,P.A. 1435 HOWELL BRANCH RD WINTER PARK FL 32789			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
			83			
*****			63			
			84 City	FL  8	Zip Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes, th	e above-named corr	poration submits this statement for the purpose of char	iging its registered	
office or re	egistered agent or both in the State	e of Florida. Such change was author pations of, Section 607.0505, Florida	ized by the corporati	ion's board of directors. I hereby accept the appointme	nt as registered	
SIGNATURE	, ,					
SIGNATURE	Signature, typed or printed name of registered ag		tered Agent signature require			
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD		1.1 TITLE   7	ionitt, J. Michael P 19501 Silver Lake Dr.	Change ☐ Addition	
NAME	WHITT, J. MICHAEL		1.2 NAME	Jani Silver Lake Dri		
STREET ADDRESS	4807 SLOEWOOD DR.		1.3 STREET ADDRESS	Lessburg, FL. 34788	,	
CITY-ST-ZIP	TANGERINE FL		1.4 CITY-ST-ZIP		Change	
TITLE		☐ DELETE	2.1 TITLE	U	Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Channa D Addition	
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME		1	3.2 NAME			
STREET ADDRESS		1	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Ob [] Addition	
TITLE		☐ DELETE	4.1 TITLE	U	Change	
NAME			4. 2 NAME		j	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change	
NAME			5.2 NAMÉ			
STREET ADDRESS		l	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME			6.2 NAME		i	
1						
STREET ADDRESS		1	6.3 STREET ADDRESS	•		

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 chapted, or on an attachment with an address with all other like empowered.

SIGNATURE: