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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 64549/v

DRS. RODGELS, WHITE & SMITH, M.D., INC.

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

05-04-1999 90014 050 ***150.00

Principal Place o	of Business	Mailing A	ddress	-					
						DO NO	WRITE IN THIS S	SPACE	
					-	3. Date Incorporated or Qu		- AOL	
						11/19/79			
2. Principal Plac	e of Business	2a. Mailin		1		4. FEI Number		Ap	olied For
21 1000	36 th 5+	26 728	9GARDEN	KOAD		<i>59-195070</i>	4	No	Applicable
Suite, Apt. #,	··		1.5. Certificate of Status Desired 1.1		\$8.75 A Fee Re				
City & State		Gity &	State 1-1			6. Election Campaign Finar	icing	_\$5.00_	Мау.Ве
23 VERO	Beach, Floer	09 28 KIVU	era Beach	Loni	0A	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	10.1	Country	: ا المتحداد	8. This corporation owes th	e current year Intag	ngible	·
24 3296	0 25 USA	29 33 4	<i>{</i> 04 _ 30	USA		Personal Property Tax.		Yes	□No
	9. Name and Address of C	rrent Registered A	gent			10. Name and Address of	New Registered A	gent	
CORPOR	ATTON SERVI	CE Compa	wy	81 Nar	me				
		•		82 Stre	eet Address	(P.O. Box Number is Not A	cceptable)		
1201 1	tays street	=		02			·		
Tall-1	,,	22241		83					
TALLAHASSEE, FL 32301				84 City	/		FL	85 Zip C	ode
11. Pursuant to t	the provisions of Sections 607	.0502 and 607.1508	, Florida Statutes,	the above-nam	ned corpora	tion submits this statement for	or the purpose of cl	hanging its	registered
office or regi	istered agent, or both, in the S familiar with, and accept the o	tate of Florida. Such	n change was author	orized by the co					
3	•		1 007.0000, 1 101100	Otatotos.					
SIGNATURE					ure required wh	(en reinstatma)	DATE		<u></u>
SIGNATURE	nature, typed or printed name of registere		e (NOTE: Reg	gistered Agent signate	ure required wh	en reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE Sig	nature, typed or printed name of registere	d agent and title if applicable	e (NOTE: Reg	gistered Agent signate	ure required wh			DIRECTO	
SIGNATURE SIG	nature, typed or printed name of registere OFFICER	d agent and title if applicable S AND DIRECTORS	e (NOTE: Reg	gistered Agent signate	P	ADDITIONS/CHANGES T	O OFFICERS AND		
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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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICE

4/21/99 Date 561 845-1850 Daytime Phone #