

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

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

05-04-1999 90014 050 \*\*\*150.00

DOCUMENT #

645491

1. Corporation Name

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

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/79

4. FEI Number

59-1950704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 1000 36<sup>th</sup> ST

Suite, Apt. #, etc.

22 Pathology Department

City & State

23 VERO BEACH, FLORIDA

Zip

24 32960

Country

25 USA

2a. Mailing Address

26 7289 GARDEN ROAD

Suite, Apt. #, etc.

27 Suite 200

City & State

28 RIVIERA BEACH, FLORIDA

Zip

29 33404

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	All previous officers and Directors were removed 6/18/98
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ALAN LEVIN, MD		
1.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE 200		
1.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
2.1 TITLE	CEO/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES C. NEW		
2.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE 200		
2.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
3.1 TITLE	VP/S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Robert P. Wynn		
3.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE 200		
3.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
4.1 TITLE	Asst S/Asst T/VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	GREGORY A. MARSH		
4.3 STREET ADDRESS	7289 GARDEN ROAD, SUITE 200		
4.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY A. MARSH, VP

4/21/99

Date

561 845-1850

Daytime Phone #

CR2E034 (11/98)