## 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 #	668957
4 C	000307

Corporation Name

MICHAEL F. LANE, M.D., P.A.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90068 028 \*\*\*150.00

Principal Place	of Business	Mailing Address		3 1985/0 BELLE DISBS 18119 (DIOL STATIL CON STATIL BERLE
1004 BEVERLY ROCKLEDGE FL		1004 BEVERLY DRIVE ROCKLEDGE FL 32955		DO NOT WEITE IN THE SPACE
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				05/05/1980
2. Principal Pl	ace of Business	2a. Mailing Address	10-1. Dr.	4. FEI Number Applied For
21 1007	Beverly Drive		ierly Dri	1 V/2 59-2007937   Not Applicable   \$8.75 Additional
Suite Ant :	# etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired Fee Required
City & Spare	<u> </u>	City & State		6. Election Campaign Financing S5.00 May Be
23 Rock	cledge, FL	28 Rockledg	<u>e,FL</u>	Trust Fund Contribution Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation owes the current year Intangible
24 3293	55   25   USA	29 32955 30	<u>A 2U [a</u>	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
1 4 4 1	- MICHAEL E		81 Name	Lane, Michael F.
	E, MICHAEL F.		82 Street A	Address (P.O. Box Number is Not Acceptable)
	BEVERLY DRIVE		100	7 Beverly Drive
HUU	KLEDGE FL 32955		83	•
			84 CityO	ockledge FL 85 Zip Code 32955
			KC	
office or re	egistered agent or both in the State o	of Morida. Such change was auth	nonzed by the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	ramiliar with, and accept the obligat	ons of Section 607.0505, Florid	a Statutes.	
SIGNATURE	- Windelto	evens-	Mid	haelf. Lane PID ]-11-99
	Signature, typed or printed name of registered agent		egistered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS ANI	D DIRECTORS  DELETE	1.1 TITLE	Change ☐ Addition
	LANE, MICHAEL F.		1.2 NAME	
NAME	1004 BEVERLY DRIVE		1.3 STREET ADDRESS	1007 Beverly Drive
STREET ADDRESS	****		1.4 CITY-ST-ZIP	1001 000-11-1
CITY-ST-ZIP TITLE	ROCKLEDGE FL	☐ DELETE	2.1 TITLE	Change Addition
	SD Lane, Karen		2.2 NAME	• • •
NAME	1004 BEVERLY DRIVE		2.3 STREET ADDRESS	1007 Beverly Drive
STREET ADDRESS	ROCKLEDGE FL		2 4 CITY-ST-ZIP	ise restard since
CITY-ST-ZIP	NUCKLEDGE FL	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
			3.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		_	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE SIGNATURE:X