

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90056 049 ***158.75

0485254

DOCUMENT # 673341

1. Corporation Name

DAVID G. SNEED, M.D., P.A.

Principal Place of Business

1503 S.W. 1ST AVENUE
C/O DAVID G. SNEED
OCALA FL 34471-4334
US

Mailing Address

107 NE 1ST AVE.
C/O DAVID G. SNEED
OCALA FL 34470-6661
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1980

4. FEI Number

59-2046189

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 c/o David G. Sneed

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1503 SW 1ST AVE

Suite, Apt. #, etc.

27 City & State

City & State

23 Ocala, FL

City & State

28 Zip

Zip

24 34471

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SNEED, DAVID G.
1503 S.W. 1ST AVENUE
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL 34471

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SNEED, DAVID G.
1503 S.W. 1ST AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SNEED, DAVID G.
1503 S.W. 1ST AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DST
Sneed, David G.
1503 SW 1st Ave.
Ocala, FL 34471 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P
Sneed, David G.
1503 SW 1st Ave.
Ocala, FL 34471 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

David G. Sneed

Date

Daytime Phone #

1-14-99 (352) 622-7222

CR2E034 (11/98)