## 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 # 675203

JON F. WUBBENA, M.D., P.A.

Mailing Address

Principal Place of Business 1038 EAST OCEAN BOULEVARD STUART FL 34996-2578

1038 EAST OCEAN BOULEVARD STUART FL 34996-2578

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90242 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/01/1980

2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		LAr	pplied For
11		26			59-2005168		No.	ot Applicable
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the curre	nt year Inte		_
25 29 30					Personal Property Tax.		Z 7es	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	Agent	<u></u>
			8	Name				
WUBBENA, JON F 1038 EAST OCEAN BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)				
STUART FL 33494			8	33				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				34 City			85 Zip	Code
				,,		<u>FL</u>		
agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	ons of, Section 607.0505, Flori	ida Statute	oy the corporati	ion's board of directors. I hereby accept	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	E			Change	Addition
NAME	WUBBENA, JON F. M.D.		1.2 NAMI	E			السارميس	
STREET ADDRESS	1038 E. OCEAN BLVD.		1.3 STRE	EET ADDRESS				
CITY-ST-ZIP	STUART FL		1.4 CITY	'-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	EET ADDRESS				·
CITY-ST-ZIP			2. 4 CITY	Y-ST-ZIP	- <del></del> -	,		
TITLE		☐ DELETE	3 1 TITLE	E			☐ Change	☐ Addition
NAME			3.2 NAM	iE				
STREET ADDRESS			3.3 STR	EET ADDRESS				
1								
CITY-ST-ZIP				Y-ST-ZIP				
		☐ DELETE		Y-ST-ZIP		<del></del>	☐ Change	Addition
		DELETE	3.4. CITY	Y-ST-ZIP E		<del></del>	Change	☐ Addition
TITLE		□ DELETE	3.4. CITY 4.1 TITLE 4. 2 NAM	Y-ST-ZIP E		<del></del>	Change	Addition
TITLE NAME	,		3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	Y-ST-ZIP E ME		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE 4. 2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE	Y-ST-ZIP E ME EET ADDRESS 7-ST-ZIP E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4. CITY 4.1 TITLE 4. 2 NAW 4.3 STRE 4.4 CITY	Y-ST-ZIP E ME EET ADDRESS 7-ST-ZIP E				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	Y-ST-ZIP E ME EET ADDRESS 7-ST-ZIP E		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4. CITY 4.1 TITLE 4. 2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	Y-ST-ZIP  E  ME  EET ADDRESS  /-ST-ZIP  E  IE  EET ADDRESS  /-ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	Y-ST-ZIP  E  ME  EET ADDRESS  /-ST-ZIP  E  IE  EET ADDRESS  /-ST-ZIP  E				☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	Y-ST-ZIP  ME  EET ADDRESS  /-ST-ZIP  E  EET ADDRESS  /-ST-ZIP  E  ET ADDRESS  /-ST-ZIP  E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	Y-ST-ZIP  E  ME  EET ADDRESS  /-ST-ZIP  E  IE  EET ADDRESS  /-ST-ZIP  E			☐ Change	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further ceruly 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/90

(Sul) 286-2511

Daylime Phone #

CR2E034 (11/98)