FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 678703

(0)

MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M .D.'S. P.A.

Principal Place of Business 2525 HARBOR BLVD., SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

2525 HARBOR BLVD., SUITE 207 P O BOX 2543 PORT CHARLOTTE FL 33949

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualified

07/01/1980

59-2011712

5. Certificate of Status Desired

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	City & State							6. Election Campaign Financing \$5.00 May Be			
2s 2s 3e Personal Property Tax due June 30. Yes No.	23 28						Trust Fund Contribution Added to Fees				
S, Name and Address of Current Registered Agent MACDONALD, BRUCE D, M.D. 2525 HARBOR BLVD. SUITE 307 PORT CHARLOTTE FL 33952 88 City FL 85 Z/p Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 director 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 director		<u> </u>	Zip		Country						
MACDONALD, BRUCE D., M.D. 2525 HARBOR BLVD. SUITE 307 PORT CHARLOTTE FL 33952 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 12. Street Address (P.O. Box Number is Not Acceptable) 13. ADDITIONS (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 15. Street Address (P.O. Box Number is Not Acceptable) 16. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 17. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 18. ADDITIONS (P.O. Box Number is Not Acceptable) 19. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 19. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 10. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable) 10. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the address of P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, for Acceptable (P.O. Box Number is Not Acceptable) 12. Pursuant to the provisions of Sections 607.0505, Florida Statutes, for Acceptable (P.O. Box Number is Not Accep					30						
Addition SITE 307 PORT CHARLOTTE FL 33952 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507 0502 and 607, 1538, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607, 5505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 6505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 6505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent with an accept the obligations of, Section 607, 6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent a	la										
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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, and accept the obligations of, Section 607.0505, Ricida Statutes. Signature					84	4	City	85 Zin Code			
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14. Thereby 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					1						
	14. I hereby co	ertify that the information supplied with	h this filing does	not qualify for	the exemp	ptic	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information			

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.