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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90004 037 ***150.00

OCUMENT #	685456
. Corporation Name	

1. Corporation	Name							
EUGENE	H. HOLLY, M.D., P.A.				<u> </u>			
Principal Place	e of Business	Mailing Address			T 1801/8 Organ revol and a president	I WILL BERT BIRT	WI	\$11 W\$ W11 1WW1
		1411 NORTH FLAGLER	ORIVE					
1411 NORTH FLAGLER DRIVE 1411 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-0412 WEST PALM BEACH FL 33401-0412								
		·			DO NOT WRITE	IN THIS SI	PACE	
					3. Date Incorporated or Qualifed			
_					08/26/1980			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		- - - - - - - - - -	lied For
21		26			59-2007231			Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ac	
22		27						
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	•
23	0	Zip	Countr	N/		nt wone Inton		1003
Zip	Country	<u>⊢</u> , '	30	y	This corporation owes the currer Personal Property Tax.			⊒No
24	9. Name and Address of Curren	29	30		10. Name and Address of New Re			2
	9. Name and Address of Curren	it Kegistered Agent	8	1 Name	10. 110.		<u></u> ,	
HOLI	LY, EUGENE H., M.D.			<u> </u>				
	NORTH FLAGLER DRIVE		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ALM BEACH FL 33401-0412		8:	3				
					·			
			8	4 City		FI	85 Zip Co	ode
11 5	4. 4 iniana of Continuo 607 050	22 and 607 1508 Florida Sta	tutes the abo	ve-named cor	poration submits this statement for the p	urpose of ch	anging its r	egistered
	to the brovišičus či žecnous ou nood	iz attu go/Trood, i loilda ote			porduori cubilities and			
office or re	egistered agent or both in the State	of Florida. Such change wa	s authorized b	v tne corborat	tion's board of directors. I hereby accept	the appoint	nent as regi	istered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s authorized b	v tne corborat	ion's board of directors. I hereby accept	tne appoint	nent as regi	istered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s authorized b Florida Statute	y the corporat	ion's board of directors. Thereby accept	the appoint	nent as regi	istered
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP