PROFIT_
CORPORATION
ANNUAL REPORT
1999
OCUMENT # Corporation Name

VILLAREAL, NORMA C.

2525 HARBOR BLVD. #204 PORT CHARLOTTE FL 33952



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	691065
NORMA C. VILLAREAL	., M.D., P.A.

Principal Place of Business	Mailing Address					
2525 HARBOR BLVD., SUITE 204 PORT CHARLOTTE FL 33952	2525 HARBOR BLVD SUITE 204 PORT CHARLOTTE FL 33952	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified 07/01/1981				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For				
<u>a]</u>	26	59-2111233 Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required				
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fces				
Zip Country	Zip Cou 29 30	8. This corporation owes the current year Intengible Personal Property Tax. Yes []No				
9. Name and Address of Current I	Registered Agent	10. Name and Address of New Registered Agent				

81 Name

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City

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

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JTE 27 17 1: 22

FL 85 Zip Code

office or n	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Fix in familiar with, and accept the obligations	orida, Such change was auth of, Section 607,0505oFtorida	orized by the corpo	corporation submits this soration's board of director	statement for the pu s. I hereby accept to	irpose of the appoin	changing its regi	egistered istered
SIGNATURE	Norma C. Villareal			ident	1/1	2/99)	
	Signature, typed or printed name of registered agent and to		gistered Agent signature re			DATE		
12.	OFFICERS AND DI		13.	ADDITIONS/CH	IANGES TO OFFI	CERS AN		
TITLE	DP	C) DELETE	1.1 TITLE				Change	[] Addition
NAME	VILLAREAL, NORMA C		1.2 NAME					
STREET ADDRESS	2525 HARBOR BLVD. #204		13 STREET ADORESS					
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 City-\$1-ZiP	90	000027	<u> (66:</u>	되군당는	1
TITLE	BM	☐ DELETE	2.1 TITLE		-027037	330	[]][hange]]	. Addition
NAME	VILLAREAL, GENARO		22 NAME		****150	0.00	****150	J. Q O
' STREET ADDRESS	2525 HARBOR BLVD. #204		2.3 STREET ADDRESS					
C/TY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	1				
CITY-ST-ZIP		1	3.4, CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAME					-
STREET ADDRESS			4.3 STREET ADDRESS	ı				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•			
TITLE		☐ DELETE	S.1 TITLE				Change	Addition
KANE			52 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	8.1 TITLE				☐ Change	∩ Addition
NAME		ı	62 NAME				$\gamma_{\rm k}$	X_109
STREET ADDRESS			6.3 STREET ADDRESS					oʻ⁄((``
1 0004 02 700			6.4 CITY-ST-792				11	, *

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 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.

Norma C Villareal, M.D.

SIGNATURE:

On 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 information in the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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.

Norma C Villareal, M.D.

SIGNATURE:

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