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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # F13465**

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90105 004 \*\*\*150.00

1. Corporation Name												
BROOKS	s & Gelman	N, M.D., P.A.						-				
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	<b>\</b>											
Principal Place of Business Mailing Address												
850 W. PLYMOUTH AVE. 850 W. PLYMOUTH AVE.												
DELAND FL 327			D	ELAND FL 32720				DO NOT WRITE IN TH	IS SDAC	=		
1								3. Date Incorporated or Qualifed	3 SFAC			1
								01/01/1981				
2 Daire days Di	a. Mailing Address				4. FEI Number	<del> T</del>	Ann	lied For	1			
2. Principal Place of Business			-	<u> </u>				59-2060530	Not Applicable			
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					\$8		ditional	1
22	H, CIO.		27	1				5. Certifcate of Status Desired		ee Req		
City & State				City & State				6. Election Campaign Financing	-\$5	.00°N	lav Be	]-
23	-		28	]				Trust Fund Contribution		ded to		ļ
Zip				Zip Country				8. This corporation owes the current year Intangible				
24	25			30				Personal Property Tax.			]No	
	9. Name and	d Address of Curre	nt Reg	istered Agent				10. Name and Address of New Registere	d Agent		. — — —	1
222	OKO JESTOS	v 5				81	Name					ţ
	OKS, JEFFRE					82	Street Addres	ss (P.O. Box Number is Not Acceptable)				1
850 W. PLYMOUTH AVE.												
DELAND FL 32720												
						84	City		. 85	Zip Co	ode	1
								F				1
11. Pursuant	to the provisions	of Sections 607.05	i02 and	607.1508, Florida State	ites, the a	bove I by	e-named corpor the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changi pointment	ng its r as regi	egistered istered	
agent. I a	ım familiar with,	and accept the oblig	ations o	of, Section 607.0505, FI	orida Stat	utes						
SIGNATURE												ł
	Signature, typed or pr	rinted name of registered ag			E: Registered	i Agen	t signature required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	S IN 12	18
12.	PTD	OFFICERS A	אום חוא	ECTURS				ADDITIONS/OFFANGES TO OFFICERS			Addition	1
				☐ DELETE	1 1 Ti	ΠF	1		i Ch			
NAME BROOKS, JEFFREY B. STREET ADDRESS 850 W PLYMOUTH AVE				☐ DELETE	1.1 Ti		1		□Ch	ungo		;
1	BROOKS, JE			☐ DELETE	1.2 N/	AME	ADDRESS		∐ Cr	.u.,gu		1
STREET ADDRESS	BROOKS, JE 850 W PLYM			☐ DEŁETE	1.2 N/ 1.3 \$1	AME TREET	ADDRESS		□Ch	go		100
STREET ADDRESS	BROOKS, JE 850 W PLYM DELAND FL				1.2 N/ 1.3 \$1 1.4 Cl	AME TREET ITY-ST					☐ Addition	7.000
STREET ADDRESS CITY-ST-ZIP TITLE	BROOKS, JE 850 W PLYM DELAND FL VD	OUTH AVE		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI	AME TREET ITY-ST TLE					☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROOKS, JE 850 W PLYM DELAND FL VD GELMAN, ST	IOUTH AVE	•		1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	AME TREET TY-ST TLE AME	T-ZIP				☐ Addition	1000
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROOKS, JE 850 W PLYM DELAND FL VD GELMAN, ST	OUTH AVE		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	AME TREET TLE AME TREET	T-ZIP  ADDRESS  T-ZIP		☐ Ch	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKS, JE 850 W PLYN DELAND FL VD GELMAN, S1 850 W PLYN	OUTH AVE		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	AME ITY-SI TLE AME ITREET CITY-S	T-ZIP  ADDRESS  T-ZIP		☐ Ch	ange		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKS, JE 850 W PLYN DELAND FL VD GELMAN, ST 850 W PLYN DELAND FL	OUTH AVE	- Law (1974)	☐ DELETE	12 Nv 13 ST 14 CI 21 TI 22 Nv 23 ST 2.4 CC 3.1 TI 32 Nv 33 ST 34.C	AME TREET TLE AME TREET TLE AME TREET TLE TREET TLE TREET TLE TREET	T-ZIP  T ADDRESS T-ZIP		Cr	ange	Addition	~~
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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 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 function ampowered 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

01/06/1999 Date 904-736-6110