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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F59755

1. Corporation Name
DR. HARVEY A. PEARL, D.P.M., P.A.

Principal Place of Business
Mailing Address
% DR. HARVEY A. PEARL
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE FL 32217



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1981
4. FEI Number 59-2142448
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
PEARL, DR. HARVEY A.
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE FL 32217
10. Name and Address of New Registered Agent

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP

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 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: * [Signature] 3-15-99
Date

CR2E034 (1/98)