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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

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1. Corporation Name	AND IN HOS BELLEVILLE ABOUT

Principal Place	J. WARNER, M.D., P.A.	Mailing Addre	SS.	The second of th	Transaction of	ANTE THE				
1700 S.E. HILLMOOR DRIVE 4, DELANO LANE. SEWALL'S POINT SUITE 306 SEWALL'S POINT				· *** .	100 grant 1					
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port St. Lucie Us	E FL 34952	STUART FL 349	996		•	3. [Date Incorporated of			
							06/29/1982			
2. Principal Pf	lace of Business	2a. Mailing Ad	idress				El Number		Ap	plied For
4		26					59-2200047	•	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc		7		Certifcate of Status	Desired	\$8.75 Fee Re	Additional guired
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3	9	28					Frust Fund Contribu	_	Added	
Zip	Country	Zip		Country	•		This corporation ow	· · · · · · · · · · · · · · · · · · ·	er Intangible	1
24	25	29	30	ַ ז			Personal Property	•	, 🗓 Yes	ĺΣΝο
·	9. Name and Address of Curren		nt			10. J	Name and Addres	s of New Registe	red Agent	
WAD	NER, DONALD J., M.D.			81	Name					
	ELANO LANE			82	Street /	Address (P.0	O. Box Number is I	lot Acceptable)		
	ALL'S POINT			83					·	
CTITA	ADT EL 22AGA									
	ART FL 33494	02 and 607 1509 El	orida Statutas	84	City	corneration	submits this statem		FLII	Code
11. Pursuant to office or reagent. I as	ART FL 33494 to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Fl of Florida. Such ch tions of, Section 60		the above corized by a Statutes	City e-named of the corpo			ent for the purpos reby accept the a	se of changing its appointment as re	
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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 trustes 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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ DELETE

☐ DELETE

3/30/00

561-335-8100

Daytime Phone #

Change

Change

Addition

Addition