## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F97391

ALITO CLINIC OF STUART INC

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 of the receives or trusted 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 attrochiment with an address, with all other like empowered.

	FI	LED	
Feb	17,	1999	8:00am
Sec	cret	ary o	f State

02-17-1999 90045 041 \*\*\*150.00

AUTO CI	LINIC OF STUARS, INC.										
Principal Place	e of Business	Mailing Address					181 <b>4   19</b> 11)   <b>18840   1</b> 1(1 <b>8</b>	Imema ismi <b>a</b> tmil	01811 01811 8:011 <b>1</b>	11 <b>9</b> 11 <b>918</b> 11 1881	
% JOHN L. CAMPBELL 259 N.W. DIXIE HIGHWAY  \$ JOHN L. CAMPBELL 259 N.W. DIXIE HIGHWAY						DO NOT WR	ITE IN THIS	SPACE			
STUART FL 349	994	STUART FL 34994				3. Date Incorpo	orated or Qualifed	<del></del>	*		}
						08/30/19		:		;	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For	] %
21		26				59-21578	188			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	f Status Desired		\$8.75 / Fee Re		
22		City & State				. C. Milatian Co.			\$5.00	<del> </del>	-
City & State	re	28				1	mpaign Financing Contribution		Added		
Zip	Country	Zip	Cou	ntry			ation owes the cu	rrent year In			1
24	25	29	30	·	•	Personal Pr	operty Tax.		Yes	□No	
	9. Name and Address of Current	<u></u>				10. Name and	Address of New	Registered	Agent		1
			•	81	Name						
	IPBELL, JOHN L. N.W. DIXIE HIGHWAY			82	Street Ad	Idress (P.O. Box Nun	nber is Not Accep	table)	31.40 TO 25		
STU	ART FL 34994			83							
				84	City		Le di Tale Dilli Alliani Notali di Contra de Salani Notali di Contra de Salani	<del>क्षान्यस्य</del> FI	** 85 Zip	Code ***	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the al	bove	e-named co	proporation submits this	s statement for th	e purpose o	r changing its	registered	1
11: Pursuant office or nagent. I a	to the provisions of Sections 607.050/ registered agent, or both, in the State of im familiar with, and accept the obligat	волѕ от, ѕеспон вот.0505, гас	nua Stati	ui <del>c</del> s.	·			e purpose o	intment as re	gistered	
SIGNATURE	im familiar with, and accept the obligat	it and title if applicable. (NOTE	nua Stati	ui <del>c</del> s.	·	uired when reinstating)	A. 5	DATE	# # # # # # # # # # # # # # # # # # #	<u> </u>	
signature	im familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	волѕ от, ѕеспон вот.0505, гас	: Registered	Agent	·	uired when reinstating) ADDITIONS/	CHANGES TO O	DATE	# # # # # # # # # # # # # # # # # # #	<u> </u>	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DP CAMPBELL, JOHN L 3370 SW 75TH AVE PALM CITY FL S GREGORY, JANICE L	it and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	Agent TLE AME TREET TY-ST TLE AME	t signature requirements of the sign	uired when reinstating) ADDITIONS/	CHANGES TO O	DATE	ND DIRECTO	DRS IN 12	
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