

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90023 027 ***150.00

DOCUMENT # G28377

1. Corporation Name
CENTRAL FLORIDA MEDICAL, INC.



Principal Place of Business
1363 WAYNE AVE
343 OVERSTREET DRIVE
NEW SMYRNA BEACH FL 32165
US

Mailing Address
1363 WAYNE AVE
343 OVERSTREET DRIVE
NEW SMYRNA BEACH FL 32168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1983

4. FEI Number

59-2292127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1363 WAYNE AVE
Suite, Apt. #, etc.

26 1363 WAYNE AVE
Suite, Apt. #, etc.

22 City & State
23 NEW Smyrna Bch, FLA
Zip Country
24 32168 25

27 City & State
28 NEW-Smyrna Bch FLA
Zip Country
29 32168 30

9. Name and Address of Current Registered Agent

WEIGHTMAN, EVERETT HARRY
343 OVERSTREET DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name EVERETT HARRY WEIGHTMAN
82 Street Address (P.O. Box Number is Not Acceptable)
1363 WAYNE AVENUE
83
84 City NEW Smyrna Bch FL 85 Zip Code 32168

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE *Everett H. Weightman* EVERETT H. WEIGHTMAN 3/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEIGHTMAN, EVERETT HARRY	
STREET ADDRESS	1363 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEIGHTMAN, CAROL ANN	
STREET ADDRESS	1363 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Carol Ann Weightman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 1999

Date

Daytime Phone #

904-424-0480

CR2E034 (1/98)