FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90022 042 ***150.00

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

DOCUMENT # G57196

ROMUALDO R. DATOR, M.D., P.A.

	•							
Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,		
C/O ROMUALDO R. DATOR		C/O ROMUALDO R. DATOR						
2918 17 ST.		2918 17 ST. ST. CLOUD FL 34769				DO NOT WRITE IN THIS SPACE		
ST. CLOUD FL 34769		51. CLOUD PL 34769				3. Date Incorporated or Qualifed		
						09/01/1983		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				59-2313993	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & State	B	City & State				6. Election Campaign Financing	\$5.00	May Be
23	5734	28				Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Register	d Agent	
DAT	OD DOMESTIDO D			81	Name	•		
	OR, ROMUALDO R.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	B B 17TH ST							
31.	CLOUD FL 34769	•		83				ĺ
	•			84	City		85 Zip	Code
				1	=			
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	tatutes, the a	bove	-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change wigations of, Section 607.0505	ras autnorize i, Florida Sta	a by t tutes.	пе согрогати	on's board of directors. Thereby accept the ap-	of changing its pointment as re	registered gistered
office or n agent, I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in	te of Florida. Such change wigations of, Section 607.0505	ras autnorize i, Florida Sta	d Dy ti lutes. d Agent	пе согрогати	on's board of directors. Thereby accept the ap-	Jointinent as re	gistered
office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS	ite of Florida. Such change wigations of, Section 607.0505	vas autnorize i, Florida Stat (NOTE: Registere	d Dy ti tutes.	пе согрогати	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	Jointinent as re	gistered
office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS	te of Florida. Such change wigations of, Section 607.0505 agent and title if applicable.	AS AUTHORIZE Florida Star (NOTE: Registere 13. 11.1	d Dy ti tutes.	пе согрогати	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered of the OFFICERS OP DATOR, ROMUALDO R	te of Florida. Such change wigations of, Section 607.0505 agent and title if applicable.	(NOTE: Registere 13.7 TE 1.2 N	d Agent	ne corporation	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST	te of Florida. Such change wigations of, Section 607.0505 agent and title if applicable.	(NOTE: Registere 13.1 T 1.2 N 1.3 S	d Agent TILE IAME	signature require	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered of the OFFICERS OP DATOR, ROMUALDO R	te of Florida. Such change wigations of, Section 607.0505 agent and title if applicable.	(NOTE: Registere 13. 11.1 12.0 13.5	d Agent d Agent TILE IAME	signature require	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 1.1.1 1.2.N 1.3.S 1.4.0 E 2.1.T	d Agent d Agent TILE IAME	signature require	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 1.17	d Agent TILE TREET TILE TREET TILE	signature require	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	d Agent d Agent iffLE IAME TREET ITLE IAME TREET	ADDRESS ADDRESS	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 1.17 1.2 1.3 1.4 1.2 1.4 1.2 1.4 1.2 1.4 1.2 1.4 1.3 1.3	d Agent TILE TREET TILE TREET TILE	ADDRESS ADDRESS	on's board of directors. Thereby accept the applications of directors and directors are applicated when reinstalling)	AND DIRECTO	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 E 3.1 T	d Agent d Agent iffLE lAME STREET ITLE LAME STREET	ADDRESS ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N	d Agent d Agent TILE IAME TREET TILE IAME TREET TILE TREET TILE TREET	ADORESS -ZIP ADORESS 1-ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 13. 14.0 15. 16. 17. 18. 18. 18. 18. 18. 18. 18	d Agent d Agent TILE IAME TREET TILE IAME TREET TILE TREET TILE TREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET	(NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4 A	d by the control of t	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered of OFFICERS DP DATOR, ROMUALDO R 2918 B 17TH ST ST CLOUD, FL 00000	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET DELET	(NOTE: Registere 13. E 1.1 T 1.2 N 1.3 S 1.4 C 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4 .1 E 4.1 T	d by the control of t	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET DELET	(NOTE: Registere 1.1 T 1.2 N 1.3 S 1.4 C 2.3 S 2.4 U 3.1 T 3.2 N 3.3 S 3.4 .4 E 4.1 T 4.2 I 4.2 I 5.2 S 5.3 S 5.4 C 5.4	d by to tutes. ITLE ITTLE I	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET DELET	(NOTE: Registere 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 T 3.1 T 3.2 N 3.3 S 3.4 (T 4.2 1.4 2.3 S 4.4 T 4.2 1.4 3.5 T 4.2 1.4 3.5 T 4.2 1.4 3.5 T 4.3 S 4.3 S 4.3 S 4.4 T 4.2 1.4 3.5 T 4.3 S	d by to tutes. ITLE ITTLE I	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida. Such change wigations of, Section 607.0505 agent and title if applicable. AND DIRECTORS DELET DELET	(NOTE: Registere 1.1 T 1.2 N 1.3 S 1.4 C 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S 3.4 .4 C 4.1 T 4.2 L 4.3 S 4.4 C	d Agent ITLE ITLE ITLE IAME ITLE IAME ITLE IAME ITREET ITLE ITTLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	agent and title if applicable. AND DIRECTORS DELET DELET	AS AUTHORIZE AS AUTHORIZE FOR THE PROPERTY OF THE PROPERTY O	d Agent d Agent itle itle itreet itre	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	agent and title if applicable. AND DIRECTORS DELET DELET	AS AUTHORIZE AS AUTHORIZE FE 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 1 3.1 T 3.2 N 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C	ITLE IAME ITREET, ITLE ITTLE IAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	agent and title if applicable. AND DIRECTORS DELET DELET	AS AUTHORIZE AS AUTHORIZE FE 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 1 3.1 T 3.2 N 3.4 C E 4.1 T 4.2 C 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S	ITLE IAME ITREET, ITLE ITTLE IAME	ADDRESS - ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	agent and title if applicable. AND DIRECTORS DELET DELET	AS AUTHORIZE AS	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE ITTLE IAME	ADDRESS - ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	agent and title if applicable. AND DIRECTORS DELET DELET	AS AUTHORIZE AS	ITLE IAME ITREET, ITLE IAME	ADDRESS - ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP