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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 # **G57665**

1. Corporation Name

PUNTA MEDICAL CLINIC, INC.

| | , . | | | | | | | |
|---|--|---|---|---|--|-------------------------|----------------------|---|
| Principal Place | of Business | Mailing Address | | | | IIMI AIII DINSI RIAII | #18(18181181 | |
| 111 NORTH ORLI WINTER PARK FL US | | 111 NORTH ORLANDO AVEN WINTER PARK FL 32789 US | UE | | DO NOT WRI | TE IN THIS SI | PACE | |
| | | •• | | | 3. Date Incorporated or Qualifed | | = | |
| | ** ** ** | | | | 08/31/1983 | | | r 1 F |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | 4. FEI Number 59-2335212 | , 1 | · · · | plied For Applicable |
| Suite, Apt. # | ote | Suite, Apt. #, etc. | | | | | \$8.75 A | |
| 22 | , 610. | 27 | | | 5. Certifcate of Status Desired | □ [*] | Fee Re | |
| City & State | | City & State | _ | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | <u> </u> | 28 | | | Trust Fund Contribution | | Added to | o Fees |
| Žip | Country | Zip | Country | | This corporation owes the current Personal Property Tax. | | | □No |
| 25 29 3 3 3 3 3 3 3 3 3 | | | 0 | | 10. Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Garrent | registored regent | 81 | Name | | <u>_</u> | | |
| TRIME | BLE, T. L. | | 82 | Street Addre | ress (P.O. Box Number is Not Accept | ahie) | _ | |
| | IORTH ORLANDO AVENUE | | 02 | Street Addit | (| | , , , , , , , | haya digababi |
| WINTE | ER PARK FL 32789 | | 83 | | | Hay Shall | | |
| | | | 84 | City | | - 1 | 85 Zip C | |
| Assessment to a state of | ··· | 1500 51 11 01 11 | | | | FL | anging its | registered |
| 11. Pursuant to | o the provisions of Sections 607.0502 | f Florida. Such change was aut | horized by | the corporatio | on's board of directors. I hereby acce | pt the appointr | nent as reg | gistered |
| office or reg | | | | | | | | |
| agent. I am | familiar with, and accept the obligation | ons of, Section 607.0505, Florid | la Statutes | | | | | |
| signature | n familiar with, and accept the obligation | ons of, Section 607.0505, Florid | ia Statutes | • | ki when reinstating) | DATE | <u> </u> | |
| signature | familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: R | ia Statutes | • | | DATE FICERS AND | | RS IN 12 |
| SIGNATURE S 12. | n familiar with, and accept the obligation Signature, typed or printed name of registered agent. OFFICERS AND | and title if applicable. (NOTE: R | la Statutes | • | d when reinstating) | DATE FICERS AND | DIRECTO Change | |
| SIGNATURE SIGNATURE NAME | n familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P MOON, BOB | ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS | egistered Ager 13. 1.1 TITLE 1.2 NAME | nt signature required | d when reinstating) | DATE FICERS AND | | RS IN 12 |
| SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS | of familiar with, and accept the obligation of registered agent. OFFICERS AND P MOON, BOB 401 TAKOMA DRIVE | ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS | egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET | nt signature required | d when reinstating) | DATE FICERS AND | | RS IN 12 |
| SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | of familiar with, and accept the obligation of registered agent of the property of the propert | ons of, Section 607.0505, Floric and title if applicable. (NOTE: R DIRECTORS | egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S | nt signature required | d when reinstating) | DATE FICERS AND [| _] Change | RS IN 12 Addition |
| SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | of familiar with, and accept the obligation of registered egent of the property of the propert | ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS | egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE | nt signature required | d when reinstating) | DATE FICERS AND | | RS IN 12 |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P MOON, BOB 401 TAKOMA DRIVE GREENVILLE TN 37744 STD TRIMBLE, T.L. 111 NORTH ORLANDO AVENUE | and title if applicable. (NOTE: R DIRECTORS DELETE | egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE | t signature required T ADDRESS T-ZIP T ADDRESS | d when reinstating) | DATE FICERS AND | _] Change | RS IN 12 Addition |
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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 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

STREET ADDRESS

CITY-ST-ZIP

REQUIRED SIGNING OFFICER OR DIRECTOR