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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90129 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # G63669**

1. Corporation Name

**DANIEL J. MADOCK, D.C., P.A.**

Principal Place of Business

**NICHOLAS POINT, STE A  
326 W BEARS AVE  
TAMPA FL 33613  
US**

Mailing Address

**NICHOLAS POINT STE A  
326 W BEARS AVE  
TAMPA FL 33613  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1983**

4. FEI Number

**59-2322964**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**MADOCK, DANIEL J  
326 W BEARSS AVE  
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE  
NAME **PST**  
STREET ADDRESS **MADOCK, DANIEL J.**  
CITY-ST-ZIP **NICHOLSA POINT, STE A, 326 W BEARSS AVE  
TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

**D & PST**

1.3 STREET ADDRESS

**MADOCK, DANIEL J.  
NICHOLAS POINTE - SUITE A  
326 W. Bearss Avenue, Tampa, FL 33613**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied was indicated on this annual report or supplemental officer or director of the corporation or the receipt Block 12 or Block 13 if changed, or on an attachment.

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

SIGNATURE:

*Daniel J. Madock*  
DANIEL J. MADOCK, D.C., P.A.  
REGISTERED AGENT OR DIRECTOR

02/05/99

Date

(813) 264-0602

Daytime Phone #

CR2E034 (11/98)