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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G73104**

1. Corporation Name
MUNI V. PADMAN, M.D., P.A.

Principal Place of Business

% MUNI V. PADMAN, M.D.
 601 E DIXIE AVE PLAZA 101
 LEESBURG FL 34748-7301

Mailing Address

% MUNI V. PADMAN, M.D.
 601 E DIXIE AVE PLAZA 101
 LEESBURG FL 34748-7301

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/05/1983

4. FEI Number

59-2345031

Applied For
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

PADMAN, MUNI V, M.F.
 734 NORTH 3RD. STREET, S-111
 LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name PADMAN, MUNI V. M.D.
 82 Street Address (P.O. Box Number is Not Acceptable) 601 EAST DIXIE AVE PL 101
 83 LEESBURG FL 34748
 84 City LEESBURG FL 85 Zip Code 34748

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

MUNI V. PADMAN, M.D.

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME PADMAN, MUNI V.
 STREET ADDRESS 734 N. 3RD ST. #111
 CITY-ST-ZIP LEESBURG FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
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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 MD PADMAN, MUNI V. Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 601 EAST DIXIE AVE PL 101
 1.4 CITY-ST-ZIP LEESBURG FL 34748

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99

352-326-8081

CR2E034 (1/198)