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 # G76003

ELIZABETH A. QUINTO, M.D., PROFESSIONAL ASSOCIAT ION

Principal Place of Business 2789 DEVINE ROAD FT. PIERCE FL 34981

2. Principal Place of Business

Mailing Address

2789 DEVINE ROAD FT. PIERCE FL 34981

2a. Mailing Address

26

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90008 018 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

12/21/1983

59-2373551

4. FEI Number

City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This comporation owes the current year intangible Personal Property Tax. Personal Property Tax. Wes No No No No No No No No No N	Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required				
Zip Country Zip Country Zip Country 8. This corporation ower the current year intangible Personal Property Tax. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OUINTO, ELIZABETH A., M.D. 81 Name 2789 DEVINE ROAD 2789 DEVINE ROAD 28 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FI. 34981 84 City F_L 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 agent. I am familiar with, and except the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, Types or changing its registered agent. I am familiar with, and except the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, Types or changing its registered agent. I am familiar with, and except the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, Types or changing its registered agent and a reg	City & State		City & State			1	ing 🔲	•	- 1	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of Name Registered Agent 11. Name and Address of Name Registered Agent 12. 2789 DEVINE ROAD 13. Street Address (P.O. Box Number is Not Acceptable) 14. City FL 85		Country		Country		8. This corporation owes the	current year	Intangible		
OUNTO, EUZABETH A, M.D. 2789 DEVINE ROAD 17. 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 agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and maillar with, and accept the obligations of Section 607.0505, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent, and maillar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST.2P OUNTO, ELIZABETH A 15. TITLE OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE OFFICERS AND DIRECTORS IN 12 16. Change Addition Nucle 17. Nuclear Addition 18. Nuclear Addition 18. Nuclear Addition 19. Nuclear Addition	⊸ , `				en. en.					
QUINTO, ELIZABETH A, M.D. 2789 DEVINE ROAD FT. PIERCE FL 34981 44 City FL 45 C	1	9. Name and Address of Current I	Registered Agent			10. Name and Address of N	ew Registere	d Agent		
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### FT. PIERCE FL 34981 ### City FL 85 Zip Code* ### C	2789 DEVINE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
The 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 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 and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signatura, typos or printed name of registered agent and title a specialism of Orthogonal Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD OUINTO, ELIZABETH A 1.3 STREET ADDRESS OUTN-ST-ZP TITLE OPEN COUNTY OF THE					83					
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	14 I beselve	certify that the information supplied with	this filing does not qualify for			ection 119.07(3)(i). Florida State	tes. I further	certify that the in	nformation	

tual report is true and accurate and that my signature shall have the same legal effect as it made under bath, that it am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: