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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G86674

GUSKIEWICZ, PURKEY AND ASSOCIATES, P.A.

STOR OF

Principal Place of Business

1870 ALOMA AVENUE

SUITE 230

Mailing Address

1870 ALOMA AVENUE SUITE 230

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90120 023 ***150.00



| WINTER PARK FL 32789 | | WINTER PARK FL 32789 | | | DO NOT WRITE IN THIS SPACE | | | |
|----------------------------|---|----------------------|-----------------|--------------------------------------|---|--|---------------|------------|
| ,,,,,, | , 2 42,000 | | | | 3. Date Incorporated or Qualifed 02/27/1984 | | - | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | App | ied For |
| 2. Fillicipal F | iace of Business | 26 | | | 59-2378410 | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 1 | , \$ | 8.75 Ac | Iditional |
| 22 | | 27 | | | 5. Certificate of Status Desired | 1 | Fee Req | uired |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | | 5.00 N | lay Be |
| 23 | • | 28 | | | Trust Fund Contribution | J . | Added to | Fees |
| Zip | Country | Zip | Country | , | 8. This corporation owes the current | year Intangil | | _ |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | M | /es [| ⊒No |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Regi | stered Ager | <u>ıt</u> | |
| i . · ` | | | 81 | Name | | _ | | |
| WEIDNER, DONALD W. | | | 82 | Street Adds | ress (P.O. Box Number is Not Acceptable | <u>. </u> | 44 111 | |
| | 31 CENTURION PARKWAY | | 02 | Street Add | less (i .v. box rumber is not receptable | , | ٠. | |
| | TE 190 | | 83 | | | | | 1 1, |
| JAC | KSONVILLE FL 32256 | | | | | | . 51 | |
| Chesta | | | 84 | City | | FI 85 | Zip Co | oae |
| SIGNATURE | m familiar with, and accept the obligat | | | | d when reinstating) | DATE | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AF | | ERS AND DI | RECTOR | S IN 12 |
| TITLE | DST | ☐ DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | GUSKIEWICZ, ROBERT, M.D. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1870 ALOMA AVENUE, SUITE 230 | | 1.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | - | | | Change | Addition |
| NAME | PURKEY, WILLIAM, M.D. | | 2.2 NAME | | | | | |
| STREET ADORESS | AND ALOUA AUCKNIE OUTE | 230 | 2.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 2. 4 CITY-5 | • | • • | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | | • |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | | | • |
| TITLE | | ☐ DELETE | 4.1 TITLE | · | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- S | T-ZIP | | | | |
| TITLE | 1 | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRÉSS | | | | |
| CITY-ST-ZIP | ĺ | | 5.4 CITY-9 | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| | | | 64 CITY-S | ST-ZIP | | | | |
| CITY-ST-ZIP | 1 | | | | | | | |

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 chapted, or on an attachment with an address, with all other like empowered.