


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90010 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G89234

1. Corporation Name

PETER B. RUY, M.D. P.A.

Principal Place of Business

 205 PARK PLACE BLVD
 105
 KISSIMMEE FL 34741
 US

Mailing Address

 3826 HUNTER ISLE DR
 ORLANDO FL 32837
 US


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/07/1984	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	54-2400843	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

 RUY, PETER B., M.D.
 4824 CEDARHILL RD
 COCONUT CREEK FL 33068

10. Name and Address of New Registered Agent

81	Name	PETER B. RUY M.D.
82	Street Address (P.O. Box Number is Not Acceptable)	205 PARK PLACE BLVD
83	Suite	Suite 105
84	City	KISSIMMEE
85	Zip Code	FL 34741

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.

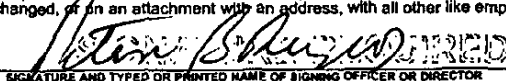
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUY, PETER B., M.D.	1.2 NAME	PETER B. RUY M.D.
STREET ADDRESS	3826 HUNTERS ISLE DRIVE	1.3 STREET ADDRESS	205 PARK PLACE BLVD SUITE 105
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 (407) 933-8333

CR2E034 (11/98)