## 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

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90216 047 \*\*\*150.00

CORNOLS CRIM COLOR SCRIP COLOR COLOR CINCO SERVICIO COLOR COLOR COLOR COLOR CINCO CINCO COLOR CO

DOCUMENT #	# G91968
1 Corneration Name	<b>G</b> 01000

GARY LAWRENCE KANTER, M.D., P.A...

Principal Place	e of Business	Mailing Address				
.,	VRENCE KANTER. M.D. 1 STREET, STE.C L. 32606	C/O GARY LAWRE 2831 N.W. 41ST S GAINESVILLE FL 3	treet, ste.c			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/15/1984
2. Principal Pl	ace of Business	2a. Mailing Addre	ss			4. FEI Number Applied For
21		26				59-2406016 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State	8	- City & State	٠,	·	• •	6. Election Campaign Financing Trust Fund Contribution  - \$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Registered Agent
l	TER, GARY LAWRENCE			81 82	Name Street A	Address (P.O. Box Number is Not Acceptable)
l	NW 41ST ST., SUITE C			L		
GAIN	IESVILLE FL 32606			83		
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 60 egistered agent, or both, in the maniliar with, and accept the company of the	State of Florida. Such chang	e was author	ized by	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of register		<del></del>		t signature rec	equired when reinstating)  DATE  ARRITION DISCHARGES TO DEFICE DO AND DIRECTORS IN 12
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition
TITLE	DP	□ DE		1.1 TITLE		
NAME	KANTER, GARY LAWREN	E		1.2 NAME		
STREET ADDRESS	2831 NW 41ST ST., #C		1	1.3 STREET	ADORESS	
C/TY-ST-ZIP	GAINESVILLE FL			1.4 CITY-5	T- ZIP	
TITLE	Т -	□ DE	LETE :	2.1 TITLE		☐ Change ☐ Addition
NAME	KING, WILLIAM D		12	2.2 NAME		
STREET ADDRESS	2631-A NW 41ST ST		1	2.3 STREET	ADDRESS	
CITY-ST-ZIP	Gainesville Fl		1	2. 4 CITY-S	T-ZIP	
TITLE		☐ DE	LETE ;	3.1 TITLE		Change Addition
NAME -	i = e a o o o o o o o o o o o o o o o o o o	-		3.2 NAME	ŀ	•
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP	n		8	3.4. CITY-S	T-ZIP	
TITLE		☐ DE	LETE .	4.1 TITLE		Change Addition

6.4 CITY-ST-ZIP 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 on the receiver or trusted 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, of on an attachment with an address, with all other like empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

☐ Change

☐ Addition

Addition