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 # **H09341**

1. Corporation Name

ALAN H. CARR, D.O., P.A.

	•						
Principal Pla	ice of Business	Mailing Address		***************************************) 1784 8 781) 9181) 0181 7 8781	
12141 SHAKE	SPEARE TRAIL	P O BOX 476					
P. O. BOX 47		P. O. BOX 476					
SAN ANTONIO	O FL 33576	SAN ANTONIO FL 33576				IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
					07/01/1984		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2415949	N	ot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			3. Commente of Clauda Desired	Fee R	equired
City & Sta	ate	City & State			6. Election Campaign Financing	□ \$5.00°	May Be
23		28			Trust Fund Contribution		to Fees
^{Zip}	Country	Zip	Cou	intry	8. This corporation owes the curren	t year Intangible	
24	25	29	30		Personal Property Tax.	🔀 Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	-
^ 4	PD ALAM U			81 Name			
	RR, ALAN H.			82 Street Addr	ress (P.O. Box Number is Not Acceptabl	<u>e)</u>	
	141 SHAKESPEARE TRAIL			ou con Addi	1 . O. Dox (4 amber 15 Not Acceptable	tetmet was resource	41.521 a.15 1 3141
SI	LEO FL 33574			83	5 7 3 4 1 3 3 3 6 1 9 6 1	12 11 1 20 1 20 1 50	Pan Avillien
	•			24	以下,我们是这种关键。		8151; FrA. 173;
				84 City		FI 85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the al	bove-named corp	poration submits this statement for the pu	rpose of changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such channe was a	authorized	I by the cornoration	on's board of directors. I hereby accept t	the appointment as re	egistered
44%		ations of, Section 607.0505, Fig	onda Stati	ites.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if anniholds (NOTI	F. Carletand	4	Andre Consideration and the second		
12.		ND DIRECTORS	13.	Agent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE .	DDC IN 42
TITLE	PD	DELETE	1.1 TII	ne l		Change	Addition
NAME	CARR, ALAN H.		1.2 NA			Gizingo	
	ANALA OLIAIZEODEADE TRAIL						
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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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Feb 1, 1999

FILED

Feb 13, 1999 8:00am

Secretary of State

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