

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 # H11889

1. Corporation Name

FRANCISCO A. SMITH, M.D., P.A.

Principal Place of Business

689 9TH STREET NORTH
NAPLES FL 33940

Mailing Address

689 9TH STREET NORTH
NAPLES FL 33940

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90041 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1984

4. FEI Number

59-2424296

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1660 MEDICAL BLVD.

Suite, Apt. #, etc.

22 SUITE 302

City & State

23 NAPLES, FLORIDA

Zip

24 34110-1413

Country

25 USA

2a. Mailing Address

26 1660 MEDICAL BLVD.

Suite, Apt. #, etc.

27 SUITE 302

City & State

28 NAPLES, FLORIDA

Zip

29 34110-1413

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, FRANCISCO A.
689 9TH STREET NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1660 MEDICAL BLVD. #302

83

84 City
NAPLES

FL

85 Zip Code
34110-1413

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

TITLE PST ☐ DELETE

NAME SMITH, FRANCISCO A.

STREET ADDRESS 689 9TH STREET NORTH

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME SMITH, FRANCISCO A

STREET ADDRESS 689 9TH STREET NORTH

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1660 MEDICAL BLVD. #302
NAPLES, FLORIDA 34110-1413

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1660 MEDICAL BLVD. #302
NAPLES, FLORIDA 34110-1413

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

FRANCISCO A. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)