## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

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Zip

d ja



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H29580

JOEL MARANTZ, O.D., P.A.

Mailing Address Principal Place of Business

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

% JOEL MARANTZ % JOEL MARANTZ 929 FIRST AVE N. 929 FIRST AVE N. ST PETERSBURG FL 33705 ST PETERSBURG FL 33705

Country

9. Name and Address of Current Registered Agent

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90090 004 \*\*\*150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Personal Property Tax.

Name and Address of New Registered Agent

11/12/1984

59-2461209

5. Certificate of Status

6. Election Campaign Finance Trust Fund Contribution

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

4. FEI Number

office or, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  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 P	Name	A.
ST PETERSBURG FL 33705  83  84 City  FL 85 Zl Code  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 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, 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 relinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PMARANTZ, JOEL  929 FIRST AVE N.  ST PETERSBURG FL  14 CITY-ST-ZIP  TITLE  DELETE  14 CITY-ST-ZIP  TITLE  DELETE  21 TITLE  22 NAME  STREET ADDRESS  23 STREET ADDRESS  23 STREET ADDRESS  23 STREET ADDRESS	Street Address (P.O. Box Number is Not Acceptable)	
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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 linformation 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 path; that are an accurate and that my signature shall have the same legal effect as if made under path; that is a signature of the same legal effect as if made under path; that is a signature of the same legal effect as if made under path; that is a signature of the same legal effect as if made under path; that is a signature of the same legal effect as if made under path is a signature of the same legal effect as if made under path is a signature of the same legal effect as if made under path is a signature of the same legal effect as if made under path is a signature of the same legal effect as if made under path is a signature of the same legal effect as if made under path is same legal effect as if made under path is same legal effect as if made under path is same legal effect as if made under path is same legal effect as if made under path is same legal effect as if made under path is same under path	at my signature shall have the same legal effect as it made Under Dain: inter tainkan it :	ted on this applied rapast or cupolamental applied rapast is true and accurat
officer or director of the control of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name adhears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.	report as required by Chapter 607. Florida Statutes: and that mylhame addearatin 't'i	or director of the corporation or the receiver or trustee empowered to exer

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