**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90251 049 \*\*\*300.00

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## 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 # **H39823**

1. Corporation Name

STREET ADDRESS

GALCERAN AND MEYER, M.D., P.A.

Principal Place of Business Mailing Address					
7051 DR PHILLIPS BLVD. SUITE 1 ORLANDO FL 32819-8144 US		7051 DR PHILLIPS BLVD SUITE 1 ORLANDO FL 32819-8144 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  00/04/4005
2. Dississ Class of Dusiness 2. Mariling Address					02/01/1985 4. FEI Number Applied For
¬ ' '		2a. Mailing Address	ng Address		59-2484966 Not Applicable
Suite, Apt.	# elc	Suite, Apt. #, etc.		· <del>-</del> .	_ \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent
GAL	CERAN, M. J				
7051 DR PHILLIPS BLVD			82	2 Street Add	iress (P.O. Box Number is Not Acceptable)
SUITE 1			83	3	
ORLANDO FL 32819			84	4 City	85 Zip Code
			1	\	FL
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	y the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
<u> </u>	Signature, typed or printed name of registered agen			ent signature requir	red when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Citalige
NAME	GALCERAN, MANUEL J. 7051 DR PHILLIPS BLVD		1.2 NAME	ET ADDRESS	
STREET ADDRESS	ORLANDO FL		1.4 CITY-		
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE	31-21	☐ Change ☐ Addition
NAME	MEYER, ROBERT M		2.2 NAME		
STREET ADDRESS	THE PROPERTY OF THE PA		2.3 STREI	ET ADDRESS	سينم صيونين د ده موان
CITY-ST-ZIP	ORLANDO FL 32819		2. 4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, APARNA		3.2 NAME		
STREET ADDRESS	7051 DR PHILLIPS BLVD, STE	1	3.3 STREE	ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROWLAND, ROBERT W 7051 DR PHILLIPS BLVD. STE	. ,	4. 2 NAME		
STREET ADDRESS		1		ET ADDRESS	•
CITY-ST-ZIP	ORLANDO FL 32819	DELETE	4.4 CITY- 5.1 TITLE	31-ZIP	Change Addition
TITLE NAME		C DEELL	5.2 NAME		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
OTDECT ADDRESS		7	6.3 STREI	ET ADDRESS	

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 afteress with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR