

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H54868  
1. Corporation Name

(5)

PALMA CEIA MEDICAL CLINIC, INC.

Principal Place of Business

603 MAIN STREET  
P.O. BOX 1100  
WINDERMERE FL 34786-1100  
US

Mailing Address

603 MAIN STREET  
P.O. BOX 1100  
WINDERMERE FL 34786-1100  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1985

4. FEI Number

59-2529070

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIZNEY, DONALD  
603 MAIN STREET  
WINDERMERE FL 34786

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

DCS  
DIZNEY, DONALD  
603 MAIN STREET  
WINDERMERE FL

1.1 TITLE ☒ Change ☐ Addition

DCAS  
DIZNEY, DONALD  
603 MAIN STREET  
WINDERMERE FL

TITLE ☐ DELETE

PD  
ENGLISH, JAMES E  
603 MAIN STR  
WINDERMERE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VS  
BARKMAN, KEVIN  
603 MAIN STREET  
WINDERMERE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

T  
DELEHUNT, JANINE S.  
603 MAIN STREET  
WINDERMERE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

V  
DIZNEY, DAVID  
603 MAIN STREET  
WINDERMERE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*Kevin Barkman*

Kevin Barkman

04/28/98

CR2E034 (10/97)