Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H61427**

1. Corporation Name

DARRYL L. AYERS, M.D., P.A.

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Principal Place	of Business	Mailing Address				W(D() #181	., 5141. 6161)	Sidir aren radi	
255 N. LAKEMO	NT AVE.	255 N. LAKEMONT AVE.							
SUITE 102 SUITE 102				DO NOT WOLF IN	T1110 0	DAGE			
WINTER PARK FL 32792 WINTER PARK FL 32792				DO NOT WRITE IN THIS SPACE					
ļ					3, Date Incorporated or Qualifed				{
					06/11/1985				1
<u>⊢</u>	ace of Business	2a. Mailing Address			4. FEI Number			pplied For	ł
21		26			59-2551605			lot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #; etc.			5. Certifcate of Status Desired			Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be) Мау Ве			
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country Zip C		Country		8. This corporation owes the current year Intangible				
24	25 29 30				Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	tered A	gent		1
AYE	RS, DARRYL L., MD		81	Name					
255 N. LAKEMONT AVE.				Street Addre	ess (P.O. Box Number is Not Acceptable)				
S-102			83						}
WINTER PARK FL 32792							Tae! 7:-	Code	Ì
			84	City		FL	85 Zip	Code	{
1									1
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autho	rized by	the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of c appoint	hanging it ment as r	s registered egistered	
diffice or n	egistered agent, or both, in the State o	of Florida. Such change was autho ions of, Section 607.0505, Florida	rized by Statutes	the corporation	n's board of directors. I hereby accept the	арропц	interit as i	egistered	
office or n agent. I a	egistered agent, or both, in the State on the mailiar with, and accept the obligations.	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Region DIRECTORS	rized by Statutes	the corporation	n's board of directors. I hereby accept the	ATE RS AND	DIRECT	ORS IN 12	
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14. I hereby certify that the information supplied with his 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 supplier/ental 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 do not a statute of the corporation of the co

4 CITY, ST-ZIP

6.1 TITLE (1893)

62 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

> OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NA