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 # H96401

1. Corporation Name

MARY L. DAVIGLUS, M.D., P.A.

Principal Place of Business	Mailing Address
P. O. BOX 450156 KISSIMMEE FL 34745-7156	P. O. BOX 450156 KISSIMMEE FL 34745-7156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/29/1986

4. FEI Number **59-2640996**	Applied For / Not Applicable

5. Certifcate 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIGLUS, MARY L.
3027 ZAHARIAS DRIVE
ORLANDO FL 32837

10. Name and Address of New Registered Agent

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 *Mary Daviglus*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/6/99

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE	NAME **DAVIGLUS, MARY L.** STREET ADDRESS **3027 ZAHARIAS DRIVE** CITY-ST-ZIP **ORLANDO FL**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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, with all other like empowered.

SIGNATURE: X *Mary Daviglus* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 Date   (407) 240-6323 Daytime Phone #