

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90092 033 \*\*\*150.00

DOCUMENT # J02686

1. Corporation Name

DUANE E. WARSETT, M.D., P.A.

Principal Place of Business

8903 W. GLADES ROAD  
A-13  
BOCA RATON FL 33434  
US

Mailing Address

8903 W. GLADES ROAD  
A-13  
BOCA RATON FL 33434  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1986

4. FEI Number

59-2655197

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9980 CENTRAL PARK BLVD

Suite, Apt. #, etc.

22 Suite 208

City & State

23 BOCA RATON, FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 9980 CENTRAL PARK BLVD

Suite, Apt. #, etc.

27 Suite 208

City & State

28 BOCA RATON, FL

Zip

29 33428

Country

30 USA

9. Name and Address of Current Registered Agent

WARSETT, DUANE E.  
8903 W. GLADES ROAD  
SUITE A-13  
BOCA RATON FL 33434

Address  
Change only

10. Name and Address of New Registered Agent

81 Name WARSETT, DUANE E

(Address  
change only)

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

9980 CENTRAL PARK BLVD

83 Suite 208

84 City BOCA RATON

FL

85 Zip Code  
33428

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.

President

(Address change - not new agent)

1/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WARSETT, DUANE E.  
STREET ADDRESS 8903 W. GLADES ROAD, STE A-13  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME WARSETT, DUANE E.  
1.3 STREET ADDRESS 9980 CENTRAL PARK BLVD Suite 208  
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

☒ Change  
☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/99

561-483-5553

CR2E034 (1/198)