Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90085 026 ***150.00

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 # J04343

1. Corporation Name

DR. FRED A. LUNDQUIST, P.A.

Principal Place of Business 2173 E SEMORAN BLVD 520 W HWY 496. STE 130 APOPKA FL 32703 US 2. Principal Place of Business 22. Principal Place of Business 23. Date Incorporated or Qualifed 03/17/1986 2. Principal Place of Business 24. FEI Number 25. LLNT CLUB BLVD 26. LLNT CLUB BLVD 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Country 21. Size Apt. #, etc. 21. Size Apt. #, etc. 22. Country 23. APOPKA FL 32703 24. Size Apt. #, etc. 25. Country 26. Size Apt. #, etc. 27. Country 28. APOPKA FL 32703 30. Date Incorporated or Qualifed 03/17/1986 4. FEI Number Applied For Not Applie			
S20 W HWY 436. STE 130 APOPKA FL 32703 US DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address		
2. Principal Place of Business 3. Principal Place of Status Desired Stat	520 W HWY 436. STE 130 520 W HWY 436. STE 130 APOPKA FL 32703 APOPKA FL 32703		
21		03/17/1986	
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address 2b. HUNT CLUB BLVD 26 6/2 5. HUNT CLUB BLVD 59-2643110 Applied For Not Applicable		
City & State	Suite, Apt. #, etc.	\$8.75 Additional	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUNDQUIST, FRED A. 2173 E. SEMORAN BLVD. APOPKA FL 32703 11. Pursuant to the provisions of Section) 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, ip the State of Florida. 30 purpose of Sections of Sec	City & State City & State 28 A POPKA FL WARN 28 A POPKA FL	Trust Fund Contribution Added to Fees	
LUNDOUIST, FRED A. 2173 E. SEMORAN BLVD. APOPKA FL 32703 82 Street Address (P.O. Box Number is Not Acceptable) BLVD.		USA Personal Property Tax. Yes No	
LUNDQUIST, FRED A. 2173 E. SEMORAN BLVD. APOPKA FL 32703 82 Street Address (P.O. Box Number is Not Acceptable) BLUNDQUIST, PIEU N. 83 Street Address (P.O. Box Number is Not Acceptable) 84 City APOPKA FL 85 Zip Code 32.703 11. Pursuant to the provisions of Section) 607.0502 and 607.1505 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, Social phage 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 originated pains of registered agent and use if signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Name and Address of Current Registered Agent	+	
2173 E. SEMORAN BLVD. APOPKA FL 32703 84 City Apopka The statement for the purpose of changing its registered agent, or both, in the State of Florida. Society hange was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered when reinstalting) SIGNATURE Signature, typed originated famo of registered agent at the J souliceable. (NOTE: Registered Agent signature required when reinstalting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	LUNDOUGT FORD A	Name LUNDOUTST, I-RED A.	
APOPKA FL 32703 84 City Apopka FL 85 Zip Code 32 72 3 11. Pursuant to the provisions of Section 607.0502 and 607.150 Felorida 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. Social hange 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 orbinited famo of registered agent at the J souliseable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u> </u>		
11. Pursuant to the provisions of Section 607.0502 and 607:1500 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. Socion age was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 107.0505, Florida Statutes. SIGNATURE Signature, typed orderinted fame of registered agent, and use of section 107.0505. Florida Statutes (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		13/2 3 · Noire Cost 10 · 10=1	
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Signature, typed or printed fame of registered agent and until signature. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1/4/11		
12. OTT SCENO AND DIRECTORS	Signature, typed or printed game of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)		
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NAME LUNDQUIST, FRED A.	EUNDGUIST, TILLO A.	LUNDE CLUB CLUB RUD	
STREET ADDRESS CITY-ST-ZIP APOPKA FL LUNDUUST, FRED A. 1.3 STREET ADDRESS 6/2 S. HUWT CLUB BLVD APOPKA FL 1.4 CITY-ST-ZIP A POPKA, FL 32703		STREET ADDRESS 6/2 3. NOVY CLASS	
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CITY-ST-ZIP 2.4 CITY-ST-ZIP	C priest	Character Madding	
NAME 3.2 NAME		· · · · · · · · · · · · · · · · · · ·	

CITY-ST-ZIP 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

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