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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Katherine Harris.

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # J28415

HENRY M. HAIRE, M.D., P.A.

Mailing Address Principal Place of Business 996 AIRPORT ROAD 996 AIRPORT ROAD DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE US * US 3. Date Incorporated or Qualifed 08/11/1986 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2725795 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip 8. This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HENRY M. HAIRE, M. D. P 909 MAR WALT DR Street Address (P.O. Box Number is Not Acceptable) STE 1011 83 FT. WALTON BEACH FL 32548 85 84 Citv 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 requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE HAIRE, HENRY M. 1.2 NAME NAME 996 AIRPORT ROAD 1.3 STREET ADDRESS STREET ADDRESS DESTIN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE HAIRE, HENRY M. 22 NAME NAME 996 AIRPORT ROAD 2.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE

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.

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51 TITLE 5.2 NAME

61 TITLE

6.2 NAME

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SIGNATURE:

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Jan 25, 1999 8:00am

Secretary of State

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