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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 08, 1999 8:00 am **Secretary of State** Katherine Harris

03-08-1999 90111 019 ***150.00

DOCUMENT # J29907

1. Corporation Name

JAMES C. EUTZLER, D.O., P.A.

Principal Place of Business	
44970 GOND TEDD N	

Mailing Address

14370 82ND TERR. N.

SEMINOLE FL 34646 SEMINOLE FL 34646 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/20/1986 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 7888 LANTANA CR. Rd. 26 7888 LANTANA CREEK Rd 59-2712118 Not Applicable **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required ARGD -ARGD \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible Country No 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JAMES EUT2LER JAMES EUTZLER Street Address (P.O. Box Number is Not Acceptable)

7888 LANTANA CREEK 14370 82ND TERRACE, N. SEMINOLE FL 34646 83 LARGO 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. EUTZLE P JAMES SIGNATURE CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE EUTZLER , JAMES C. D.D EUTZLER, JAMES C., DO 1.2 NAME NAME 7888 LANTANA CREEK Rd. 14370 82ND TERR. N. 1.3 STREET ADDRESS STREET ADDRESS LARGD, FI 33777 SEMINOLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS

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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS