Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90074 029 ***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 # J38387

 Corporation 	Name							
ARCACH	A & SNYDER, M.D., P.A.							
District Disease	(Di	Mailing Address				- 17001410 6780 14104 70100 14101 1014 1400 101		
Principal Place of Business Mailing Address 1700 S. TUTTLE AVE 1700 S. TUTTLE AVE								
1700 S. TUTTLE AVE SUITE 3 SUITE 3								
SARASOTA FL 34239-0197 SARASOTA FL 34239-0197					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/14/1986		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26			*	59-2726035		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
22		City & State						·
City & State		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		
24	25	29	30	,		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Register	ea Agent	
SNYI	DER, ROBERT K., M.D.			Ш			· ·	
1700 S. TUTTLE AVE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
SUITE 3			83					
SAR	ASOTA FL 34239-0197			84	City		85 Zip (Code
	40 4 007.05	00 1007 1500 FL 11 01-1					of changing its	registered
office or re	agistered agent or both in the State	of Florida, Such change was	authorized	l bv :	the comoration	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Stat	utes.	•			-
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apolicable. (NOT	E: Registered	Ageni	t signature required	when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE			Change	☐ Addition
NAME	SNYDER, ROBERT K.		1.2 N	WE				ĺ
STREET ADDRESS	1700 S TUTTLE AVE 3		1.3 S	REET	ADORESS			
CITY-ST-ZIP	SARASOTA FL		1,4 CI	TY-ST	r- ZIP			
TITLE		☐ DELETE	2.1 Ti	RΕ			☐ Change	☐ Addition
NAME			2.2 N	ME				ĺ
STREET ADDRESS			2.3 \$	REET	ADDRESS			
CITY-ST-ZIP			ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TI				☐ Change	☐ Addition l
NAME.			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		C) DELETE		ΠY-S	T-ZIP		☐ Change	Addition
TITLE		L_I DELETE	4,1 TI 4, 2 N				□ oviendo	
NAME			1		ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CI	TY-ST	1-219		Change	Addition
NAME			5.2 N/			•	_ 3	_
STREET ADDRESS			•		ADDRESS		,	
CITY-ST-ZIP			- 1	TY-ST				_
TITLE		☐ DELETE	6.1 TI				☐ Change	☐ Addition
NAME			6.2 N	ME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR