## 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** 

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90114 018 \*\*\*150.00

1. Corporation	MENT # <b>J4855</b> In Name IS & MOORE, M.D., P.A.	7							
Principal Place	e of Business	Mailing Add	ress			irit miri mistat ikkan esiar a		1811 A(913 B1841	E(E() E(E()   EE(
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	Place of Business	F-7	nuuress		59-274				ot Applicable
Suite, Apt.	# etc	26 Suite, Ap	ot. #. etc.						Additional
22	<i>π</i> , 8.0.	27	,		5. Certifcate	of Status Desired		Fee R	equired
City & Stat	te	City & S	tate		s Election (	Campaign Financing		\$5.00	May Be
23	-	28			1	d Contribution			to Fees
Zip	Country	Zip		Country	8. This corp	oration owes the cur	rent year Int	angible	}
24	25	29	[;	30		Property Tax.		☐ Yes _	□No
	9. Name and Address of Curr	rent Registered Age	ent		10. Name an	d Address of New	Registered	Agent	
				81 Naftel	chaol 1	MADRE.			1
	KES, MICHAEL J. MD			82 Street Ad	idresm(P.Q. Box N	umber is Not Accept	able)		
	B BRANCHTREE DR.				_ Venni	) ywww.	<u> الآل يا</u>	<u>!</u>	
ORL	ANDO FL 32811			83	lando.	0		•	
				84 City	<u>xwrius:</u>		FL	85 Zip	5800
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statute	s, the above-named co	orporation submits	this statement for the	purpose of	changing it	s registered
	Signature, typed or printed name of registered a	igations of, Section (	change was au 507.0505, Flori		uired when reinstating)	\~_6~°	DATE	;	
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob- Signature, typedior printed name of registered of OFFICERS	igations of, Section of agent and the if applicable.  AND DIRECTORS	change was au 507.0505, Flori	thorized by the corporation Statutes.  Aggistered Agent signature required.	uired when reinstating)	sciors, i nereby acce	DATE	ND DIRECT	ORS IN 12
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:**