## 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 # J79587**

1. Corporation	n ivame							
DANIEL GILL, M.D., P.A.							 	All Bieti Gleit (ABI
Principal Place	e of Business	Mailing Address				i indiata alia login logica diada anti 	10	}}  010   <b>1</b>   11
5900 W. JUNIOR COLLEGE RD P O BOX 5205 KEY WEST FL 33040 KEY WEST FL 33045							•	
112. 11201 12.		US		•		DO NOT WRIT	E IN THIS SPACE	
						3. Date Incorporated or Qualifed 06/25/1987		Ì
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				59-2815859	[7	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	1 1	5 Additional
27						5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	ent year Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren					10. Name and Address of New R	egistered Agent	
0111	DANIEL MAD	•		81 Name				ļ
GILL, DANIEL, M.D. 5900 W. JUNIOR COLLEGE RD KEY WEST FL 33040				82 Stree	Addre	ss (P.O. Box Number is Not Accepta	ble)	
				83				
				84 City			FL 85 Z	ip Code
44 Durayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	tutee the a	hove-name	corno	ration submits this statement for the		its registered
office or re	pointared agent or both in the State	of Florida, Such change was	: authorized	t hy the cor	poration	's board of directors. I hereby accep	t the appointment as	registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, F	londa Stati	utes.		•		ļ
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered	Ágent signature	required v	when reinstating)	DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 TI	TLE			☐ Chan	ge Addition
NAME	GILL, DANIEL, M.D.						□ Chan	ae 🗀 voorgou
STREET ADDRESS			1.2 N/	ame	1			åe □ voorgon
	5900 W JUNIOR COLLEGE RD			AME TREET ADDRES	1		Chan	ge 🗀 Addition
CITY-ST-ZIP	5900 W JUNIOR COLLEGE RD KEY WEST FL		1.3 \$7		1			
CITY-ST-ZIP TITLE		☐ DELETE	1.3 \$7	TREET ADORES	1		Chan	
			1.3 ST	TREET ADORES ITY-ST-ZIP TLE				
TITLE			1.3 ST 1.4 CI 2.1 TT 2.2 N/	TREET ADORES ITY-ST-ZIP TLE		1		
TITLE NAME		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	TREET ADORES TTY-ST-ZIP TLE AME TREET ADDRES TTY-ST-ZIP		1	☐ Chan	ge
TITLE NAME STREET ADDRESS			1.3 ST 1.4 CI 2.1 TF 2.2 N/ 2.3 ST	TREET ADORES TTY-ST-ZIP TLE AME TREET ADDRES TTY-ST-ZIP		1		ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	TREET ADDRES TTY-ST-ZIP TLE AME TREET ADDRES TTY-ST-ZIP TLE		1	☐ Chan	ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	TREET ADDRES TTY-ST-ZIP TLE AME TREET ADDRES TTY-ST-ZIP TLE		1	☐ Chan	ge
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C	TREET ADDRES TTY-ST-ZIP TLE AME TREET ADDRES TTY-ST-ZIP TLE AME TREET ADDRES TREET ADDRES		1	☐ Chan	ge ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	1.3 ST 1.4 CI TI 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C	TREET ADDRES TTY-ST-ZIP TILE AME TREET ADDRES TTY-ST-ZIP TILE AME TREET ADDRES TREET ADDRES		1	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/	TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TREET ADDRES TITY-ST-ZIP TILE		1	☐ Chan	ge ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.4 C 4.1 TF 4.2 NV 4.3 ST	TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES		1	☐ Chan	ge ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI	TREET ADDRES TITY-ST-ZIP TILE AMME TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE		1	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		☐ DELETE	1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI	TREET ADDRES TITY-ST-ZIP TILE AMME TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI 5.2 N/	TREET ADDRES TITY-ST-ZIP TILE AMME TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE		1	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE AME		1	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TREET ADDRES TITY-ST-ZIP TILE AMME TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TREET ADDRES TITY-ST-ZIP TILE TREET ADDRES TITY-ST-ZIP TILE AME TREET ADDRES TITY-ST-ZIP TILE TREET ADDRES TITY-ST-ZIP TILE TREET ADDRES TITY-ST-ZIP		1	☐ Chan	ge Addition  ge Addition  ge Addition

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, of on an attaghment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90231 019 \*\*\*150.00