

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K04329 (4)**

1. Corporation Name  
**ELIZABETH T. HUNTER, M.D., P.A.**

Principal Place of Business: **1400 S. ORLANDO AVE STE.305 WINTER PARK FL 32789**

Mailing Address: **1400 S. ORLANDO AVE STE.305 WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

3. Date Incorporated or Qualified  
**11/30/1987**

4. FEI Number  
**59-2860805**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DUNN, AMY**  
**5847 LAKE WINONA ROAD**  
**DELEON SPRINGS FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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: *Amy Dunn* DATE: **1-7-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	1. NAME
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, ELIZABETH T.</b>	2. TITLE	2. NAME
STREET ADDRESS	<b>1400 S. ORLANDO AVENUE, #305</b>	3. STREET ADDRESS	3. STREET ADDRESS
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	4. CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	2.1 NAME
NAME		2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP		3.1 TITLE	3.2 NAME
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
NAME		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
NAME		6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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.

SIGNATURE: *Elizabeth T. Hunter* DATE: **1/7/98**

CR2E034 (10/97)