

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 # K45999

1. Corporation Name

SANDRA ROBERTS, D.C., P.A.

Principal Place of Business

% SANDRA ROBERTS DC
22 N BERMUDA AVE
KISSIMEE FL 34741-5457

Mailing Address

% SANDRA ROBERTS DC
22 N BERMUDA AVE
KISSIMEE FL 34741-5457

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90084 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1988

4. FEI Number

59-2921708

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROBERTS, SANDRA
22 N. BERMUDA AVENUE
KISSIMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERTS, JOHN GREGORY
10340 VINELAND RD
RICHMOND VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HANCOCK, PAUL D
524 MINNESOTA AVE
ST CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROBERTS, SANDRA
22 N BERMUDA AVENUE
KISSIMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, LISA
10340 VINELAND RD
RICHARDMOND VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME Roberts, John Gregory

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☒ Change ☐ Addition

3.2 NAME Roberts, Sandra

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME BRUCE WAYHAM

5.3 STREET ADDRESS 2918 Brangmore

5.4 CITY-ST-ZIP San Angelo Tx 76904

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

S. Roberts S. Roberts

Date

Daytime Phone #

4/21/99

401-847-6788

CR2E034 (11/98)