

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07153

1. Corporation Name

NORMA L. WAITE, M.D., P.A.

Principal Place of Business

C/O NORMA L. WAITE M.D.  
7479 CONROY ROAD, SUITE B  
ORLANDO FL 32835

Mailing Address

C/O NORMA L. WAITE M.D.  
7479 CONROY ROAD, SUITE B  
ORLANDO FL 32835

FILED

99 SEP 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1989

4. FEI Number

59-2964189

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.

Yes No

9. Name and Address of Current Registered Agent

WAITE, NORMA L M.D.  
7479 CONROY ROAD  
SUITE B  
ORLANDO FL 32835

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: *Norma Waite*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-24-99

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME WAITE, NORMA L  
STREET ADDRESS 7479 CONROY ROAD, SUITE B  
CITY-ST-ZIP ORLANDO FL 32835

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

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CITY-ST-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME [ ] Change [ ] Addition

1.3 STREET ADDRESS [ ] Change [ ] Addition

1.4 CITY-ST-ZIP [ ] Change [ ] Addition

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME [ ] Change [ ] Addition

2.3 STREET ADDRESS [ ] Change [ ] Addition

2.4 CITY-ST-ZIP [ ] Change [ ] Addition

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME [ ] Change [ ] Addition

3.3 STREET ADDRESS [ ] Change [ ] Addition

3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME [ ] Change [ ] Addition

4.3 STREET ADDRESS [ ] Change [ ] Addition

4.4 CITY-ST-ZIP [ ] Change [ ] Addition

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME [ ] Change [ ] Addition

5.3 STREET ADDRESS [ ] Change [ ] Addition

5.4 CITY-ST-ZIP [ ] Change [ ] Addition

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME [ ] Change [ ] Addition

6.3 STREET ADDRESS [ ] Change [ ] Addition

6.4 CITY-ST-ZIP [ ] Change [ ] 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-99

Daytime Phone #

0016024

CR2E034 (5/99)