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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

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



DOCUMENT # L36753

1. Corporation Name

MOROOSE, REYNOLDS, & CASTILLO, M.D., P.A.

Principal Place of Business

% PATRICIA G. MORGAN
661 E ALTAMONTE DR #312
ALTAMONTE SPRINGS FL 32701

Mailing Address

% PATRICIA G. MORGAN
661 E ALTAMONTE DR #312
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

3. Date Incorporated or Qualified

12/14/1989

4. FEI Number

59-2983755

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

9. Name and Address of Current Registered Agent

MORGAN, PATRICIA G.
661 E ALTAMONTE DR
SUITE 312
ALTAMONTE SPRINGS FL 32701

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 D MOROOSE, REBECCA L., M.D. ☐ DELETE

NAME
STREET ADDRESS 1800 SUMMERLAND AVE
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS 1264 WELLINGTON TERR
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS 160 STONEHILL
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐

Change

☐

Addition

1.2 NAME

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

☐

Change

☐

Addition

3.2 NAME

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

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)