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 Mailing Address						—	
O DATRICUL C MORALL							•
661 E ALTAMONTE DR #312 ALTAMONTE SPRINGS FL 32701		% PATRICIA G. MORGAN 661 E ALTAMONTE DR #312 ALTAMONTE SPRINGS FL 32701				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	_
2. Principal	Place of Business	22 Mailing Address			 .	12/14/1989	
21	Tidos of Business	2a. Mailing Address				4. FEI Number Applied For	
Suite, Ap	t. #. etc.	Suite, Apt. #, etc.				59-2983755 Not Applicable	a
22		27				5. Certificate of Status Desired \$8.75 Additional	
City & St	ate	City & State				Fee Required	_
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
Zip	Country	Zip Country			710000 10 7 663	_	
24 25 29			30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent			 .	10. Name and Address of New Registered Agent	\dashv
140				81	Name	\	\dashv
MU	RGAN, PATRICIA G.	•	ļ	00	<u> </u>		_
	I E ALTAMONTE DR	•		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	ITE 312			83		2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ᅱ
ALI	FAMONTE SPRINGS FL 32701			_			
	•		1	84	City	85 Zip Code	7
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-	named corpor	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	\dashv
agent.	registered agent, or both, in the State of am familiar with, and accept the obligati	it Florida. Such change was au ons of, Section 607,0505. Flori	thorized	by th	he corporation	's board of directors. I hereby accept the appointment as registered	ĺ
SIGNATURE			ou olulu	100,			-
	Signature, typed or printed name of registered agent		Registered A	gent :	signature required v	when reinstating) DATE	ĺ
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┨
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME			☐ Change ☐ Addition	ī
NAME	MOROOSE, REBECCA L., M.D				}		
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-S		ZIP	<u> </u>	-
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	ì
NAME	REYNOLDS, ROBERT B MD		2.2 NAME				1
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS		·	1
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-S		ZIP		Ì
TITLE	<u>U</u>	☐ DELETE	3.1 TITLE 3.2 NAME			☐ Change ☐ Addition	1
NAME	CASTILLO, RAUL M						İ
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STRE	EET AC	DORESS	the second of th	
CITY-ST-ZIP:	MAITLAND FL	<u> </u>	3.4. CITY-S		ZIP		
TIRE		☐ DELETE	4.1 TITLE			, ☐ Change ☐ Addition	1
NAME	į į		4.2 NAME 4.3 STREET		1.		
STREET ADDRESS	;				DDRESS		1
CITY-ST-ZIP			4.4 CITY-ST		IP .		
TLE IAME	·	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	1
			5.2 NAME		ĺ	·	
STREET ADDRESS	•		5.3 STRE		ļ	,	
TTY-ST-ZIP			5.4 CITY-	ST-Z	IP [•	1
		☐ DELETE	6.1 TITLE				1

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 argular 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

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

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