## 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 # L59553 1. Corporation Name

CHARLES DANIEL MOONEY, M.D., P.A.

Principal Place	of Rusiness	Mailing Address	<u>.</u>				itāts bibst minis	<b>Bibli Bibli 180</b> 1
6330 N DAVIS HWY			6330 N DAVIS HWY					
PENSACOLA FL 32504			PENSACOLA FL 32504					
	•					DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 03/19/1990		
2 Principal Pl	ace of Business	2a. Mailing Addre	98			4. FEI Number	Α.	pplied For
<del>-</del>	ace of Busiliess	26	<b>J</b> J			59-3000119		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, 6	etc.					Additional
22		27	27			5. Certifcate of Status Desired	Fee F	lequired }
- City & State	9	- City & State		<del>-</del> .		6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	<del></del>		-	8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent		$\Gamma$		10. Name and Address of New Registered	l Agent	
				81	Name			İ
MOONEY, CHARLES DANIEL				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	N DAVIS HWY				Oli Odi i i i da	,		
PENS	SACOLA FL 32504			83				ì
r				84	City		85 Zip	Code
				1	•	F	L     `	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the	above	e-named corpo	ration submits this statement for the purpose of	of changing it	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such chang Igations of, Section 607.0	e was authorize 505, Florida Sta	tutes	the corporation	n's board of directors. I hereby accept the appo	Jii litticitt aa i	egistered
								1
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.			nt signature required			
12.		AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DE	LETE 1.11	MLE			☐ Change	
NAME	MOONEY, CHARLES DANIEL	-	1.21	MAME	J			
STREET ADDRESS	6330 N DAVIS HWY				TADDRESS			1
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····-	TENDACOBATE	□ DE	1.40				☐ Change	Addition
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	TEMONOUSTE	□ DE	1.4 C ELETE 2.1 1 2.2 P	CITY-S' TITLE NAME			☐ Change	Addition
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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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90019 029 \*\*\*150.00