Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # L79859 1. Corporation Name

ERIC S. MUDAFORT, M.D., P.A.

Principal Place of Business 6040 STATE ROAD 70

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

BRADENTON FL 34203

21

22

23

Mailing Address

6040 STATE ROAD 70 **BRADENTON FL 34203**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90019 050 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/11/1990

65-0189222

4. FEI Number

Zip	Country	Zip	_	Country		8. This corporation	owes the current year Int.		_
24	25	29	30			Personal Proper	<u></u>	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Add	ress of New Registered	Agent	
				81	Name				ŀ
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.					Street Ac	dress (P.O. Box Number	is Not Acceptable)		
802 - 11TH STREET WEST									
BRADENTON FL 34205									
				84	City			85 Zip	Code
	•			04	City		FL	. 55 2.5	
office or i	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such chanc	oe was autho	nzed by	tne corpora	orporation submits this sta ation's board of directors.	tement for the purpose of I hereby accept the appoi	changing its ntment as re	registered egistered
SIGNATURE		t and title if nonlingble	(NOTE: Peri	stored Agen	t eignature regi	uired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		(INCIE, REGI	13.	- organization requ		NGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
TITLE	PSTD			1.1 TITLE				☐ Change	☐ Addition
NAME	MUDAFORT, ERIC S M.D.	_		1.2 NAME	+				ł
	ACAD OTATE DOAD TO		l l	1.3 STREET	ADDRESS				į
STREET ADDRESS	BRADENTON FL 34203			1.4 CITY-S	- 1				
CITY-ST-ZIP	BRADENTON I E 34203	Пр	LETE	2.1 TITLE	1-24			Change	☐ Addition
	-	3.5		2.2 NAME					ł
NAME				2.3 STREET	ADDRESS				
STREET ADDRESS			•		1				l
CITY-ST-ZIP				2.4 CITY-9 3.1 TITLE	1-ZIP			Change	Addition
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NAME	}				ADDRESS				i
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NAME				4, 2 NAME					
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TITLE .	1	· D	ELEIE	5.1 TITLE				change	L. J. 7.00.0011
NAME	"好 我有多么			5.2 NAME					
STREET ADDRESS	B			5.3 STREET					
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CITY-ST-ZIP				6.4 CITY-S			11.51.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	416 415 44	`-
14. I hereby	certify that the information supplied wi	th this filing does not a	qualify for the	exempt	ion stated i	in Section 119.07(3)(i), Fk	onda Statutes. I further cei	riny that the	miormation

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(f), folial additional report is finded certify indicated on this 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 often attachment with an address, with all other like empowered.

SIGNATURE:

TCF 3-225-14P

Daytime Phone #