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

05-10-1999 90030 021 ***150.00

DOCUMENT # L80843

1. Corporation Name

PAUL E. GARLAND, M.D., P.A.

			•		
Principal Place	e of Business	Mailing Address			AIGIL BIBIT BIBIT AIBIT BIBIT INBY
% Paul E. Garland. M.D. 2535 <u>Capital Medical-Bly</u> d Tallahassee Fl 32308		% Paul E. Garland. M.D. - 2535 Capital Medical B lvd Tallahassee Fl 32308		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
		Tä- Maria Adda		06/15/1990 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address		59-3014175	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	m, 0,00	27		5. Certifcate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip →¬	Country .	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	Yes No
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
GAR	LAND, PAUL E., M.D.	Address			
	CAPITAL MEDICAL BLVD	change	82 Street Addr	ss (PTO, Box Number is Not Acceptable)	Les Dr.
TALL	AHASSEE FL 32308	Y T	83 42 6	J. J. Williams	,
	uar summe	DISTOOKELL	1.212		as Zin Code
	Thill	hassel H.	32784	hhassees Fi	L 85 32312
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose of	of changing its registered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auti ions of, Section 607.0505, Florid	norized by the corporational statutes.	on's board of directors. I hereby accept the appoint	Jillittient as registered
SIGNATURE	, , , ,				
	Signature, typed or printed name of registered agent	·	egistered Agent signature required		ND DIDECTORS (N. 40
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	D CADEAND DALILE M.D.		•		
NAME	Garland, Paul E., M.D. 2535 Capital Medical Blyd	428 immerbro	1.3 STREET ADDRESS		
STREET ADDRESS	TALLAHASSEE FL	20210	1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TALLAHAGGEE FL	A X 3/ X	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	:		4.3 STREET ADDRESS		
C/TY-ST-Z/P			4.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ BELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.2 NAME		C cuande C voorgou
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	ļ. <u>,</u>		0.3 STREET ADDRESS		

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, with all other like empowered.

SIGNATURE: