

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0443569

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M77943

1. Corporation Name

MICHAEL G. RAYMOND, M.D., P.A.



Principal Place of Business

% MICHAEL G. RAYMOND, M.D.
18691-METRO PKWY-S-STE-H0-
FT-MYERS FL-33912

Mailing Address

% MICHAEL G. RAYMOND, M.D.
18691-METRO PKWY-S-STE-H0-
FT-MYERS FL-33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 2517 SW 52ND LANE

23 City & State
CAPE CORAL, FL

24 Zip Country
33914

2a. Mailing Address

26 Suite, Apt. #, etc.
27 2517 SW 52ND LANE

28 City & State
CAPE CORAL, FL

29 Zip Country
33914

3. Date Incorporated or Qualified

04/26/1988

4. FEI Number

65-0046778

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

RAYMOND, MICHAEL G., M.D.
18691 METRO PKWY, STE-H0-
FT-MYERS FL-33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7540 CAMERON CIRCLE

83

84 City
FORT MYERS

FL 85 Zip Code
33912

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 ☐ DELETE
NAME RAYMOND, MICHAEL G., M.D
STREET ADDRESS 18691 METRO PKWY, STE-H0-
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☐ DELETE
NAME MCCLEOD, MICHAEL J
STREET ADDRESS 23 CATALPA CT
CITY-ST-ZIP FT MYERS FL 33919

TITLE D ☐ DELETE
NAME KIM, BRIAN K
STREET ADDRESS 11231 BENT PINE DR
CITY-ST-ZIP FT MYERS FL 33913

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 7540 CAMERON CIRCLE
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

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:

Michael G. Raymond M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/99

Daytime Phone #

(441) 7681593

CR2E034 (11/98)