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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94812

(8)

STUBBS & ASSOCIATES, M.D., P.A.

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FILED
Jan 30 1998 8:00am
Secretary of State



Principal Place of Busine	ess	Mailing Address						
9981 HEALTH PARK CIR		9981 HEALTH PARK CIR						
SUITE 454		SUITE 454				DO NOT WEITE IN THIS COACE		
FT. MYERS FL 33908		FT. MYERS FL 33908				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 08/18/1988		
2. Principal Place of Bus	siness	2a. Mailing Address				4. FEI Number Applie	d For	
21		26				65-0063911 Not Ag	plicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8 75 ∆dd	tional	
22		27				5. Certificate of Status Desired Fee Require	red	
City & State		City & State				6. Election Campaign Financing \$5.00 Ma	v Re	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip			iγ		8. This corporation owes or has paid the current year Intang		
24	25	29 30				Personal Property Tax due June 30. Yes No		
Q Nam	e and Address of Current		301			10. Name and Address of New Registered Agent	-	
STUBBS, RE			8	1	Name			
9981 HEALT		L						
	n fank om	82 Street		Street Addre	Address (P.O. Box Number is Not Acceptable)			
SUITE 454	El 2020	<u> </u>		_				
FT. MYERS	FL 33908			3			į	
			8	4	City	85 Zip Cod	e	
					•	FL ` `	1	
11. Pursuant to the prov	isions of Sections 607,0502	and 607.1508, Florida Statute	s, the abo	ve-r	named corpo	oration submits this statement for the purpose of changing its re	gistered	
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 SECRETARIA	ed or printed name of registered agent	and title if applicable (NOTE	: Registered A	cent	signature require	ed when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12	
TITLE DP		DELETE	1,1 TITLE	_			Addition	
NAME STUBBS, REX E., JR.			1.2 NAM	1.2 NAME				
COST LIENTIN DADY CIDOLE CLUTE 454				1.3 STREET ADDRESS				
ET M								
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STREET ADDRESS			2.3 STREET ADDRESS		1			
CITY-ST-ZIP			2, 4 CITY - ST - ZIP		- ŽIP		1	
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NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET AD	DDRESS		ĺ	
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STREET ADDRESS			4,3 STRE	ET AL	DORESS		ļ	
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CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change	Addition	
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NAME					000000		i	
STREET ADDRESS			5.3 STRE		1		į	
CITY-ST-ZIP		The period	5.4 CITY		ZIP	I Change	Addition	
TITLE		DELETE	6.1 TITLE			Change	T WOUNDIN	
NAME			6.2 NAM	Ε			-	
STREET ADDRESS			6.3 STRE	ET AL	DDRESS		-	
CITY-ST-ZIP			6.4 CITY	-ST-				
and the second second by the st	ما فرد و المصافح و مصر من المصر و المصر	this filles show and austifula	- Non auam		on stated in S	Section 110 07/2)/i) Florida Statutos, I further contifu that the info	rmation I	

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: CONTRACTOR POLICE