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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90030 041 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M97554 1. Corporation Name

THOMAS L. ZOELLER, M.D., P.A.

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Principal Place	of Business	Mailing A	ddress							
2760 SE 17TH S	भ	2760 S.E.	17TH ST.							s de la
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OCALA FL 34471	1	OCALA FL	. 34471				DO NOT WR		SPACE	
US		US					3. Date Incorporated or Qualifed			
							08/17/1988			
- Dringing Dis	ace of Business	2a. Mailin	g Address				4. FEI Number		Ap	plied For
<del></del>	ace of Business	26	•				59-2914950		No	t Applicable
21			Apt. #, etc.						\$8.75	Additional
Suite, Apt. #	t, etc.	_	Apt. #, etc.				<ol><li>Certificate of Status Desired</li></ol>		Fee Re	quired
22		27					- I C - I C		\$5.00	May Do
City & State	<u>,</u>	City 8	& State				6. Election Campaign Financing		Added t	•
23	•	28					Trust Fund Contribution			O r ees
Zip	Country	Zip		Cou	intry		8. This corporation owes the cur	rent year Inta	angible	
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current		Agent		Π		10. Name and Address of New	Registered /	Agent	
	Vice Co			-	81	Name				,
FIITO	CH, R. WILLIAM, ESQUIRE	•				<del></del>		-blo\		
THOTE	S.W. 16TH AVE				82	Street Add	ress (P.O. Box Number is Not Accept	abie)		4
							- ***********************************	11:11 13:21 2:1 <b>5</b> : 13	10.11 10.231	119(1.5)5H (13)
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					84	City			85 Zip (	Code
						_		FL		1
332 32 1711	to the provisions of Sections 607.050	2 and 607 150	08. Florida Stat	utes, the a	bove	e-named con	poration submits this statement for the	purpose of	changing its	registered
13 Pursuant t	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Su	ch change was	authorized	d by	the corporati	on's board of directors. I hereby acce	ept the appoi	ntment as re	igistered
(C∆'agent. Far	m familiar with, and accept the obligat	itions of, Section	an 607.0505, F	lorida Stat	utes	•				*
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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 seceiver or trustee empowered to execute this report as required by Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.