PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED Aug 09, 1999 8:00 am Secretary of State

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	1999	DIVISION OF	CORPOR	ATIONS 				
1. Corporation		0009076			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
DAVID C	CARR, M.D., P.A.						Print (8.018 8 10) (8.0 1	
Principal Place	e of Business	Mailing Address					•	
3849 OAKWATER CIRCLE 3849 OAKWATER CIRCLE						·		
ORLANDO FL 3	12806	ORLANDO FL 32806			DO NOT WRITE	IN THIS SPACE		
					3. Date incorporated or Qualifed			7
					12/02/1992		,	_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	4
21		26	·····		59-3148994	69.7	Not Applicable 5 Additional	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.		5. Certificate of Status Desired		Required	1
22 City & Stat		City & State			6. Election Campaign Financing		00 May Be	1
23	كالمورون والمادم والمادم والمادم والمادم	28	~ d <i>5</i> ≈.		Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	year Intangible	-1	
24	25	29	30		Personal Property Tax.	☑ Yes	□No	4
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of New Reg	Istered Agent		7
CLIF	FORD, W M							-
200 SO ORANGE AVE				82 Street Addr	ress (P.O. Box Number is Not Acceptable	*)		
STE	3000			83				
ORL	ANDO FL 32801			84 City		85 Z	ip Code	1
		<u></u>		1 7		FL I'I	•	4
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu ate of Florida. Such change was	ites, the all authorized	bove-named corp I by the corporation	oration submits this statement for the pu on's board of directors. I hereby accept the	rpose of changing he appointment as	registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fi	orida Stati	ites.				
SIGNATURE	Signature, typed or printed name of registered	NO.	T. D	Agent signature require				1 _
12.	Officers, the or bearen among the teleprine		C. POROBIERES		d when reinstating)	DATE		_] ~
	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	OFFICERS PD			T.E			TORS IN 12	(11/08)
	PD CARR, W. D	AND DIRECTORS	13. 1.1 TII 1.2 N/	WE		ERS AND DIREC	TORS IN 12 ge Addition	034 (11/98)
TITLE	PD CARR, W. D 3849 OAKWATER CIRCLE	AND DIRECTORS	13. 1.1 TI 12 N/ 13 ST	ME REET ADDRESS		ERS AND DIREC	TORS IN 12	22En34 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, W. D	AND DIRECTORS	13. 1.1 TH 1.2 N/ 1.3 ST 1.4 Cr	WE REET ADDRESS TY-ST-ZIP		ERS AND DIREC	ge ☐ Addition	R2E034 /
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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 ennual report or suppliemental 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 REQUESSOR SUBSTITUTE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR.