May 10, 1999 8:00 am Secretary of State

05-10-1999 90079 005 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010961

1. Corporation Name

MICHAEL J. PRICE, M.D., P.A.

Principal Place	e of Business	Mailing Address							
640 BREVARD A	AVENUE	640 BREVARD AVENUE							
COCOA FL 329	22	COCOA FL 32922						00105	
U\$		U\$				DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed		
							12/11/1992		
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number		Applied For
21		26				<u> </u>	59-3146955		Not Applicable
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired   \$8.75 Additional			
22		27						Fee	Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country Zip			Country			This corporation owes the current year Inf	. X	
25 25		29	30				Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New Registered	Agent	
				81	Name				
	E, MICHALE J			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	BREVARD AVE 104				Oli GDC 7 GGG.				ļ
COC	OA FL 32922			83					
								10-1 -	". O. d.
				84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the al	L—⊔ Эο∨€	e-named corp	oration	n submits this statement for the purpose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by:	the corporation	on's bo	pard of directors. I hereby accept the appoint	ntment as	registered
- 5	in familial with, and accept the oblig-	auths of, section out took, inc	nou Stati	iles.	•				
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE	: Registered	Agen	t signature require	ed when re	reinstating) DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
TITLE	D DELETE		1,1 7[7	LE				Chang	
NAME	PRICE, MICHAEL J		1,2 NA		1				1
STREET ADDRESS	640 BREVARD AVENUE				1.3 STREET ADDRESS				ı
	COCOA FL	<u> </u>		1.4 CITY-ST-ZIP					1
CITY-ST-ZIP	COCOA FL			2.1 TITLE				□ Chan	ge
TITLE			i i						
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						{
C(TY-S1-Z)P			2. 4 C	_	T-ZIP			CTI Char	an DAddition
TITLE		☐ DELETE						Chang	ge
NAME			3.2 NAME						ļ
STREET ADORESS	EET ADORESS		3.3 STREET ADDRESS		ADDRESS				İ
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE 4.1		4.1 TIT	4.1 TITLE				Chang	ge 🗌 Addition
NAME			4.2 N	4. 2 NAME					1
STREET ADDRESS	ADDRESS		4.3 ST	4.3 STREET ADDRESS					
CITY-ST-ZIP	4.4		4.4 CF	4.4 CITY- ST-ZIP					
TITLE	DELETE			5.1 TITLE				Chan	ge 🔲 Addition
NAME			5.2 NA	ME					1
STREET ADDRESS			5.3 ST	REET	ADORESS				
CITY-ST-ZIP			5.4 Cr	TY-S1	r-ZiP				}
TITLE		☐ DELETE	6.1 T/					Chang	ge Addition
1			62 NA	ME					
NAME					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 of 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 or as attachment and address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR

(407)635 8300

CR2E034 (11/98