

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90008 041 ***550.00

DOCUMENT # P93000015708

1. Corporation Name

JOSEPH T. LUCAS, M.D., P.A.



Principal Place of Business

Mailing Address

FLORIDA PARK DRIVE
TE 230
ALM COAST FL 32137
S

9 ISLAND ESTATES PARKWAY
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

4. FEI Number

59-3173385

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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LUCAS, JOSEPH T M.D.P.A
9 ISLAND ESTATES PKWY.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME		
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME		
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME		
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

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, changed, or on an attachment with an address.

SIGNATURE: *Joseph T. Lucas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

904445-852
Date Daytime Phone #

CR2E034 (5/99)

0003135