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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90104 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000015997

1. Corporation Name

LINDA MARTIN, PH. D., P.A.

Principal Place of Business

280 N. SYKES CREEK PARKWAY
SUITE B
MERRITT ISLAND FL 32953

Mailing Address

280 N. SYKES CREEK PARKWAY
SUITE B
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1993

4. FEI Number

59-3170352

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1727 N Atlantic Ave

2a. Mailing Address

26 1727 N ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cocoa Beach FL

City & State

28 Cocoa Beach FL

Zip

24 32931

Country

25 USA

Zip

29 32931

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN, LINDA
280 N. SYKES CREEK PARKWAY
SUITE B
MERRITT ISLAND FL 32953

81 Name

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

83 1727 N ATLANTIC AVE

84 City

Cocoa Beach

FL

85 Zip Code

32931

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, LINDA
280 N. SYKES CREEK PARKWAY, SUITE B
MERRITT ISLAND FL 32953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
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13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1727 N ATLANTIC AVE
Cocoa Beach FL 32931

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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: *Linda Martin, PhD PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

407-783-4481

Date

Daytime Phone #

CR2E034 (1/98)