## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000030135 (6)

JOHN DEAGLE, D.O., P.A.

Principal Plac	e of Business	Mailing Addre	ess				i indiinas iib insaa iiili naiis onii	ABLIL BAIRS IIIII BAII	<b>81 13888 111</b>	B) B()) (\$\$)
90290 OVERSEAS HWY #108 90290 OVERSEAS HWY TAVERNIER FL 33070 TAVERNIER FL 33070				#106			DO NOT WRITE	E IN THIS SPACE	E	
							Date Incorporated or Qualified			
							04/26/1993			1
2. Principal F	Place of Business	2a. Mailing Ad	idress				4. FEI Number		Appl	lied For
21		·	26				65-0404054	65-0404054 Not Applicable		
Suite, Apt	#, etc.	Suite, Apt.	#, etc.					┌ \$8	.75 Ad	ditional
22		27					5. Certificate of Status Desired		ee Requ	ulred
City & Sta	te	City & State					6. Election Campaign Financing	\$	<b>5.00</b> м	ay Be
23		28					Trust Fund Contribution		dded to	Fees
Zip	Country	Country Zip Co.			У		8. This corporation owes or has pa	W_/ '		-
24	25	29		10			Personal Property Tax due June			No
	g, Name and Address of Curren	t Registered Agen	ıt	81	4   10-		10. Name and Address of New Re	gistered Agent		
	DEAGLE, JOHN			*	I Na	me				
90290 OVERSEAS HWY				B:	2 Str	eet Addre	ss (P.O. Box Number is Not Acceptal	ole)		
TAVERNIER FL 33070				8:						
				lo.	<b>^</b>					
				8	City FL 85 Zip C				Zip Co	de
11, Pursuant office or agent 1 a	to the provisions of Sections 607.050 registerod agent, or both, in the State im familiar with, and accept the obligations.	2 and 607.1508, Flo of Florida, Such chartions of Section 60	orida Statutes ange was au 07.0505. Flori	the about thorized b	ve-nar by the	ned corpo corporatio	ration submits this statement for the parties board of directors. I hereby acce	ourpose of chan pt the appointme	ging its reant as re-	egistored gistered
SIGNATURE										
	Signature, typed or printed name of registered age		(NOTE I	_	gent sign	ature required	l when reinstating)	DATE		
12.	OFFICERS ANI		DELETE	13.		<sub>T</sub>	ADDITIONS/CHANGES TO OFFICE			IN 12 Addition
TITLE	PEROLE IONNI II D.O.	L	DELETE	1,1 TITLE				L Cr	iange [	Abbillion
NAME	DEAGLE, JOHN H D.O.	100		1.2 NAME						
STREET ADDRESS	TALESTINE BY SACTO			1.3 STREET ADDRESS						ļ!
CITY-ST-ZIP	TAVERNIER FL 33070			1.4 CITY-	SI-ZIP			Пс	2000	Addition
TITLE NAME	YOUNG, TAVY			2.1 TITLE	2.2 NAME			ں بے	winge [	Addition
	ARABA ALIMBAMA AND MILLIAN AND A				2.3 STREET ADDRESS					
STREET ADDRESS	TALEDUICO CI				2.4 City - St - ZIP					ľ
CITY-ST-ZIP TITLE	TAVENINEN FE	— П	DELETE	3.1 TITLE	· 51 · 71P			□ Ct	nange	Addition
NAME		_		3.2 NAME		- 1				
STREET ADDRESS				3.3 STREE		ree l				
CITY-ST-ZIP				3.4. CITY		.55				
TITLE		————	DELETE	4.1 TITLE	31.716			☐ Ch	iange T	Addition
NAME		_	-· <del>-</del>	4. 2 NAME	=	Ì				
STREET ADDRESS				4.3 STREE		:88				1
CITY-ST-ZIP				4.4 CITY -						Ī
TITLE			DELETE	5.1 TITLE	31 En		<del></del>	☐ Ch	ange [	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing cloes 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 eath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CHY-S1-ZIP

5.4 CITY - ST - ZIP

DELETE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State