

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).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90020 021 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000037941

1. Corporation Name

**SUNSTATE PREVENTIVE MEDICINE INSTITUTE OF TAVARE
S, INC.**

Principal Place of Business

766 PONDELLA RD
159
N FT MYERS FL 33903
US

Mailing Address

766 PONDELLA RD
STE 159
N FT MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

4. FEI Number

59-2897491

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

2. Principal Place of Business

21 310 Nesbit Street

Suite, Apt. #, etc.

22

23 Punta Gorda, Florida

City & State

Zip

24 33950

Country

25 USA

2a. Mailing Address

26 P.O. Box 511315

Suite, Apt. #, etc.

27

28 Punta Gorda, Florida

City & State

Zip

29 33951-1315

Country

30 USA

9. Name and Address of Current Registered Agent

COY, JAMES F
766 PONDELLA RD
STE 159
N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

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

310 Nesbit Street

83

84 City **Punta Gorda**

FL

85 Zip Code

33950

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **COY, JAMES F**

STREET ADDRESS **766 PONDELLA RD, 159**

CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **310 Nesbit Street**

1.4 CITY-ST-ZIP **Punta Gorda, Florida 33950**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **JAMES F. COY** 7-10-99 941-575-8080

CR2E034 (5/99)