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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000056312

RITA D. WEBB, D.C., P.A.

Principal Place of Business Mailing Address											
376 NEW BERLIN RD 3				376 NEW BERLIN ROAD							
SUITE 10				SUITE 10				50 MOT MOITE IN THIS OF	2405		
JACKSONVILLE FL 32218				JACKSONVILLE FL 32218				DO NOT WRITE IN THIS SPACE			
U\$				U\$				3. Date Incorporated or Qualifed 08/06/1993			
2. Principal Pl	lace of Busir	ness	2a.	Mailing Address				4. FEI Number	A	pplied For	
21				26				59-3197816	N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional	
22				27				3. Obtained of Claude Decired	Fee R	equired	
City & State				City & State				6. Election Campaign Financing		May Be ∫	
23				28				Trust Fund Contribution		to Fees	
Zip	p Country			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No			
24	25			29 30				1 Cracinal Frederity			
	9. Name	and Address of Cur	rent Regist	ered Agent		81	Nama	10. Name and Address of New Registered Ac	ent		
WEDD DITA D D C							Name				
WEBB, RITA D D.C.				,			Street Addr	Address (P.O. Box Number is Not Acceptable)			
604-3 NEW BERLIN ROAD JACKSONVILLE FL 32218								<u> </u>			
JACE	VOOIMAILLE	FL 32210				83	i				
						84	City	FL	<b>85</b> Zip	Code	
										- anniotored	
office or r	anistarad an	ent or both in the St.	ate of Florida	i7.1508, Florida Statut a. Such change was a Section 607.0505, Flo	uthonzed	DV 1	the corporation	poration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment	anging its nent as re	egistered pegistered	
SIGNATURE											
	Signature, typed	or printed name of registered				Agen	t signature require	ed when reinstating)  DATE  DATE	DIDECT	ODC IN 12	
12.		OFFICERS	AND DIREC	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	D	T		☐ DELETE	1,1 11			·	0.10.190	(L) / Lau/Lo./	
NAME	· · · · · · · · · · · · · · · · · · ·			1.2 NAME							
STREET ADDRESS				1.3 STREET ADDRE							
CITY-ST-ZIP	JACKSON	NVILLE FL 32218			1.4 Cf		i-ZIP		Change	Addition	
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NAMÉ					2.2 NA						
STREET ADDRESS					2.3 ST	REET	ADDRESS			ĺ	
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NAME					3.2 NA		.				
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NAME					4.2 N					1	
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CITY-ST-ZIP					44 CI	_	r-ZIP		☐ Change	☐ Addition	
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NAME					5.2 N/		T ADDDECC				
STREET ADDRESS							T ADDRESS			- 1	
CITY-ST-ZIP					5.4 CI		i-ZIP		Chance	T & addition	
TITLE				☐ DELETE	6.1 TI				☐ Change	☐ Addition	
NAME					6.2 N/						
STREET ADDRESS	1				6.3 ST	REET	T 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Rita D. Webb, DC, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90131 003 \*\*\*150.00