

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088304 (9)

1. Corporation Name

CLAIRE P. BROWN, D.M.D., P.A.

Principal Place of Business

1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471

Mailing Address

1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471-4654

2. Principal Place of Business

21 2760 S.E. 17th St.

Suite, Apt. #, etc.

22 #600

City & State

23 Ocala Florida

Zip

24 34471

Country

25 U.S.A.

2a. Mailing Address

26 2760 S.E. 17th St.

Suite, Apt. #, etc.

27 #600

City & State

28 Ocala Florida

Zip

29 34471

Country

30 U.S.A.

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

02/29/1996

4. FEI Number

59-3218143

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BROWN, CLAIRE P
1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

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

2760 SE 17th St. Suite 600

83

84 City Ocala

FL

85 Zip Code 34471

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

NAME D BROWN, CLAIRE P

STREET ADDRESS 1500 SE 17TH STREET, BLDG. 400

CITY-ST-ZIP Ocala FL 34471

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 2760 S.E. 17th St. Suite 600

14 CITY-ST-ZIP Ocala, Florida 34471

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 Claire P Brown, D.M.D., P.A. 4/30/97 (25) 2760 SE 17th St. Suite 600 Ocala, FL 34471

FILED
May 07 1997 8:00am
Secretary of State



CR2E034 (9/96)