## 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 # P93000088304

CLAIRE P. BROWN,, D.M.D., P./	<b>A</b> .							
Principal Place of Business Mailing Address								
2760 SE 17TH ST SUITE 600 OCALA FL 34471 US	2760 SE 17TH ST SUITE 600 OCALA FL 34471 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/20/1993					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21	26			<u>59-3218143</u>	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required				
City & State	City & State			6. Election Campaign Financing  Trust Fund Contribution	-\$5:00 May Be Added to Fees			
Zip Country	29 30	untry		This corporation owes the current year Intan     Personal Property Tax.	ngible ⊒Yes <b>ØN</b> o			
Name and Address of Current Registered Agent			10, Name and Address of New Registered Agent					
BROWN, CLAIRE P		81	1.0,		-			
2760 SE 17TH ST SUITE 600		82	Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL 34471		83		·				
		84	<b>,</b>	<b></b>	85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St</li> </ol>	0502 and 607.1508, Florida Statutes, the a ate of Florida. Such change was authorized	ibove	-named corpo the corporation	ration submits this statement for the purpose of chairs board of directors. I hereby accept the appointm	anging its registered			

agent. ra	in familiar with, and accept the obligations of,	Section 607.0505, Flor	ida Statutes.		, , , , , , , , , , , , , , , , , , , ,		-101
SIGNATURE							
	Signature, typed or printed name of registered agent and title if	<u> </u>	Registered Agent signature required	<del></del>	DATE		
12.	OFFICERS AND DIRECTORS  D D D D D D D D D D D D D D D D D D D		13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTOR	S IN 12
TITLE	<del>-</del>	☐ DELETE	1.1 TITLE		☐ Cha		Addition
NAME	BROWN, CLAIRE P		1.2 NAME		•		
STREET ADDRESS	2760 SE 17TH ST SUITE 600		1.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	<del> </del>	Cha	noe	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Cha	nae	Addition
NAME			3.2 NAME			go	
STREET ADDRESS			3.3 STREET ADDRESS				İ
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE	<del>1</del>	☐ Cha	nge	Addition
NAME			4. 2 NAME			.5*	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
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STREET ADDRESS			5.3 STREET ADDRESS				ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP				]
TITLE	·	☐ DELETE	6.1 TITLE	<del></del>	Char	na ·	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				į
CITY-ST-ZIP			6.4 CITY-ST-ZIP				1

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:

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90095 017 \*\*\*150.00