

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90029 003 ***150.00

DOCUMENT # P94000007463

1. Corporation Name

STEPHEN A. SPENCER, M.D., P.A.

Principal Place of Business

**2885 TAMiami TR
PORT CHARLOTTE FL 33952**

Mailing Address

**2885 TAMiami TR
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

59-2712687

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2400 Harbor Boulevard

2a. Mailing Address

26 PO Box 2506

Suite, Apt. #, etc.

22 Unit #6

Suite, Apt. #, etc.

City & State

23 Port Charlotte, FL.

City & State

28 Port Charlotte, FL.

Zip

24 33952

Country

25 USA

Zip

29 33949

Country

30 USA

9. Name and Address of Current Registered Agent

**SPENCER, STEPHEN A
2885 TAMiami TR
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name Stephen A. Spencer

**82 Street Address (P.O. Box Number is Not Acceptable)
2400 Harbor Boulevard Unit #6**

83

84 City Port Charlotte

FL

**85 Zip Code
33952**

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

Stephen A. Spencer

3.16.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE DPST
NAME SPENCER, STEPHEN A
STREET ADDRESS 2885 TAMiami TR
CITY-ST-ZIP PORT CHARLOTTE FL 33952**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

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CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME Stephen A. Spencer
1.3 STREET ADDRESS 3327 Trinidad Court
1.4 CITY-ST-ZIP Punta Gorda, FL. 33950**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Stephen A. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.99

Date

941-575-6768

Daytime Phone #

CR2E034 (11/98)