

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90135 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000009978**

1. Corporation Name

**FLORIDA MEDICAL AND RESEARCH INSTITUTE, P.A.**



Principal Place of Business  
**6440 WEST NEWBERRY ROAD  
STE. 204  
GAINESVILLE FL 32605**

Mailing Address  
**6440 WEST NEWBERRY ROAD  
STE. 204  
GAINESVILLE FL 32605**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/07/1994**

4. FEI Number

**59-3221142**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**KING, C. RICHARD M.D.  
6440 WEST NEWBERRY ROAD  
STE. 204  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name **FLORIDA MEDICAL AND RESEARCH INS., PA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**222 S.W. 36th TERRACE Suite C**  
83  
84 City **GAINESVILLE** FL 85 Zip Code **32607**

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 **Doris L. Moran Doris L. Moran Office Manager**

**2/3/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **KING, C. RICHARD**  
STREET ADDRESS **6440 WEST NEWBERRY ROAD, STE. 204**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **President** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 **SECRETARY** ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS **222 S.W. 36th TERRACE Suite C**  
1.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **MARVIN A. HENNER, M.D.**  
2.3 STREET ADDRESS **222 S.W. 36th TERRACE Suite C**  
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/99 (352) 372-5600**

CR2E034 (11/98)