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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000021512

1. Corporation Name

Principal Place	GO MEDICAL & SURGICAL EN	Mailing Address						
-103400 OVERSE		P.O. BOX 3349						
SUITE-239 KEY LARGO FL 33037-8349				DO NOT WRITE IN THIS SPACE				
KEY LARGO FL 33037 US				3 Date Inco	orporated or Qualife		702	
03				03/18/1		•		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Num			Apr	olied For
21 LOI	11/7 / II	26		65-046			<del> </del>	Applicable
Suite Apt,	#, etc.	Suite, Apt. #, etc.			of Status Desired		\$8.75 A Fee Rec	l I
City & State		City & State		6 Election	Campaign Financing		\$5.00	
23 Key	⊢	28		l l	nd Contribution	, <sub>□</sub>	Added to	- 1
Zip	Country	Zip	Country	8. This corp	oration owes the cu	rrent year Ir		□No
24 / L	9. Name and Address of Current Re		<u> </u>		nd Address of New	Registered		
	J. Harris and Address of Safrent No	-gistorou / igonit	81 Name		·=:			
ROE	, Larry D MD							
<del>1034</del>	100 OVERSEAS HWY		82 Street A	ddress (P.O. Box N	lumber is Not Accep	S Hu	Suite	#201
<i>~</i> <del>\$1€</del>	239		83 -	<u> </u>	1 01			
( KEY	LARGO FL 33037		1	radewing	15 / (	2 2 <i>2</i> .	los l Zin C	'ada
			84 City			FI	.   85   Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502 an	id 607.1508. Florida Statutes.	, the above-named c	ornoration submits	this statement for th	ie burbose o	it changing its i	realsterea i
agent. I a	to the provisions of Sections 607,0502 an egistered agent, or both, in the State of Firm familiar with and accept the obligations	lorida. Such change was autros of, Section 607.0505, Florid	norized by the corpor a Statutes.  ROF Agestered Agent signature rec	ation's board of dire	Presidint	ept the appo	/~ /0 ~ 9	listereo
	I Im	title if applicable. (NOTE: Re	norized by the corpor a Statutes. $\mathcal{K} \circ \mathcal{E}$ , $\mathcal{M}$	vation's board of direction's board of directions	ectors. I nereby acc	DATE	/~/0 ~ 9	79 RS IN 12
SIGNATURE	Signature, typic of purities name of registered agent and OFFICERS-AND D	lorida. Such change was autros of, Section 607.0505, Florid	norized by the corpor a Statutes.  **ROF** **Signature received Agent signature received Agent s	vation's board of direction's board of directions	Presidenti	DATE	/~ /0 ~ 9	gg
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SIGNATURE  12.  TITLE  NAME	Signature, typed of partiest name of registered agent and OFFICERS-AND D  ROE, LARRY D MD  103400 OVERSEAS HWY-STE-239 KEY LARGO FL	lorida. Such change was autr s of, Section 607.0505, Florid L. D. (NOTE: Re IRECTORS	norized by the corporal a Statutes.  HOF. Agriculture received a signature received and signature received at 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- \$T-ZIP	ation's board of directions board of directions between reinstating)  ADDITION	Presidenti	DATE	1-10-9  ND DIRECTOI  Senange  54/tc	RS IN 12  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, types of pulled name of registered agent and OFFICERS AND D  OFFICERS AND D  ROE, LARRY D MD  103400 OVERSEAS HWY-STE-239  KEY LARGO FL  D	lorida. Such change was autros of, Section 607.0505, Florid title of applicable (NOTE: Religion DELETE	norized by the corporal a Statutes.  HOF. Ageitsiered Ageod signature received ageit signature received at 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ation's board of directions board of directions between reinstating)  ADDITION	President	DATE	ND DIRECTO	79 RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, types of public name of registered agent and OFFICERS-AND D  ROE, LARRY D MD 103400 OVERSEAS HWY-STE-230 KEY LARGO FL D ROE, EARL D 103400 OVERSEAS HWY-#239	lorida. Such change was autr s of, Section 607.0505, Florid L. D. (NOTE: Re IRECTORS	a Statutes.  HOF Megistered Age of signature received age of signature received age.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directions board of directions between reinstating)  ADDITION	President	DATE	1-10-9  ND DIRECTOI  Senange  54/tc	RS IN 12  Addition
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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 attackment wi address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition