PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94**000034664

DAVID N. GAVIN, D.P.M., P.A.

Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. #, etc	Principal Place	of Business	Mailing Address			
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Zip Country Zip Country Zip Country Zip Country Zip			⊢ ′			
25		Country		Count	ry	8. This corporation owes the current year Intangible
9. Name and Address of Current Registered Agent GAVIN, DAVID N DPM 15620 MCGREGOR BL/D UNIT 5 FORT MYERS FL 33908-2528 41. 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 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 spent, I am familiar with, and accept the obligations of, Section 607.0580, Florida Statutes. 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. TITLE 14. CITY-ST-ZP 14. CITY-ST-ZP 14. CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. Change Addit Additional Control of Change Additional Control		25	29 30	3		Personal Property Tax. ☐ Yes ☐ No
GAVIN, DAVID N DPM 15620 MCGREGOR BLVD UNIT 5 FORT MYERS FL 33908-2528 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 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, 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, and remailer with, and accept the obligations of, Sections 607.0502 florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. In familiar with, and accept the obligations of, Section 607.0505, Provided name and registered agent agent agent agent agent agent agent agent. In familiar with, and accept the obligations of, Section 607.0505, Provided provided provided name of registered agent a	24					10. Name and Address of New Registered Agent
15620 MCGREGOR BLVD UNIT 5 FORT MYERS FL 33908-2528 82 STREET ADDRESS FORT MYERS FL 33908-2528 84 City FL 85 Zip Code 111. 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or privised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstative). DATE				8	1 Name	10
11. Pursunt 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 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 privised name of registered agent and title if applicable. TILE DP	GAVI	n, david n dpm		_	0 0	Address (D.O. Day Mymbor is Not Assentable)
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: David N. Gavin DPN

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90101 047 ***150.00