## 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 # P9400035001

1. Corporation Name

JAMES V. GAREMORE, JR., D.C., P.A.

Principal Place of Business

Mailing Address

BOON OW STATE DOAD 200

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90217 018 \*\*\*150.00



| SUITE 205                     |  | SUITE 205                     |           |   |   |  | DO              | NOT WRIT    | F IN THIS     | SPACE     |            |            |
|-------------------------------|--|-------------------------------|-----------|---|---|--|-----------------|-------------|---------------|-----------|------------|------------|
| OCALA FL 34481 OCALA FL 34481 |  |                               | }         |   |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                 |             |               |           |            |            |
|                               |  |                               |           |   |   | 05/03/   | •               |             |               | •         |            |            |
| 2. Principal Pl               | ace of Business 2a. 1  | Mailing Address               |           |   |   | 4. FEI Nur   |                 |             |               |           | Appl       | ied For    |
| 21 8720                       | SW. State Road 200 26 8  | 120 Sw. State R               | asl       | 200   | 2                                       | 59-32  | 57571           |             |               |           | Not /      | Applicable |
| Suite, Apt.                   |  | Suite, Apt. #, etc.           |           |   |   |  |                 | Named and   |               | \$8.7     | 75 Ad      | ditional   |
| 22 Suit                       | · ^ —  | Suite 8                       |           |   | :  '                                    | b. Certifca  | te of Status I  | Jesired     | ₽             | Fe        | e Requ     | sired      |
| City & State                  |  | City & State                  |           |   |   | 6. Election  | Campaign F      | inancing    |               | \$5.      | 00 м       | ау Ве      |
| 23 Ocala FL 28 Ocala FC       |  |                               |           |   |   | Trust Fu   |                 | Ade         | Added to Fees |           |            |            |
| Zip                           |  |                               | ountry    |   | _  :                                    | 8. This cor  | rporation owe   | s the curre | nt year Int   |           |            |            |
| 24 3449                       | 8\ 25 pt U.S.A. 29   | 34481 30                      | us        | 4   |   |  | al Property Ta  |             |               | Yes       |            | ]No        |
|                               | 9. Name and Address of Current Register  | ered Agent                    | $\perp$   | -   | 1                                       | 0. Name a  | and Address     | of New R    | egistered     | Agent     |            |            |
|                               |  |                               | 81        | Name  |   |  |                 |             |               |           |            |            |
| GAREMORE, JR., JAMES V        |  |                               |           | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |                 |             |               |           |            |            |
| 8800 SW STATE RD 200          |  |                               |           | 00001   | , | (  |                 |             |               |           |            |            |
| SUITE #205                    |  |                               |           |   |   |  |                 |             |               |           |            |            |
| OCALA FL 34481                |  |                               |           | 0.1   |   |  |                 |             |               | 85        | Zip Co     | vdo.       |
|                               |  |                               | 84        | City  |   |  |                 |             | FL            | .   65    | Zip Çt     | AG .       |
| 11. Pursuant                  | to the provisions of Sections 607.0502 and 60  | 7.1508. Florida Statutes, the | above     | -named  | corporati                               | ion submits  | s this stateme  | ent for the | purpose of    | changir   | g its re   | gistered   |
| office or re                  | to the provisions of Sections 607.0502 and 60.<br>egistered agent, or both, in the State of Florida<br>m familiar with, and accept the obligations of, S | : Such change was authoriz    | zea ov    | tne coro  | oration's                               | board of di  | irectors. I her | eby accep   | t the appoi   | intment a | as regi    | stered     |
| agent. I ai                   | m ramiliar with, and accept the obligations of, s  | section 607.0303, monda 30    | aluics    |   |   |  |                 |             |               |           |            |            |
| SIGNATURE                     | Signature, typed or printed name of registered agent and title if a  | applicable. (NOTE: Registe    | red Agen  | t signature i   | required whe                            | n reinstating)   |                 |             | DATE          |           |            |            |
| 12.                           | OFFICERS AND DIREC   |                               | 3.        |   |   | ADDITIO  | NS/CHANG        | S TO OF     | ICERS AN      | ND DIRE   | CTOR       | S IN 12    |
| TITLE                         | D  | ☐ DELETE 1.1                  | TITLE     |   | D                                       |  |                 |             | -             | Cha       | ınge       | ☐ Addition |
| NAME                          | GAREMORE, JAMES V JR   | 1.2                           | NAME      |   | Gare                                    | wore.  | Tanes           | V. 5        | <b>-</b> .    |           |            |            |
| STREET ADDRESS                | 8800 SW STATE ROAD 200 SUITE 20  | 05                            | STREET    | ADDRESS   | 872                                     | 0 50   | James<br>state  | Rd 20       | Ò 501         | te 8      |            |            |
| CITY-ST-ZIP                   | OCALA FL 34481   |                               | CITY-ST   |   |   | lant   |                 | 131         |               |           |            |            |
| TITLE                         |  |                               | 1 TITLE   |   |   | •  |                 | /           |               | Cha       | ınge       | Addition   |
| NAME                          |  | 2.2                           | 2 NAME    |   | ∣                                       | •  | NR-1<br>Uress   | <u>re:</u>  |               |           |            | 4          |
| STREET ADDRESS                |  |                               |           | ADDRESS   | 1                                       |  | Dages           | C           | same          | e Di      | rec        | tor        |
| CITY-ST-ZIP                   |  |                               | 4 CITY-S  | -   | Ne                                      | ص حبد  | ares            | 261.        |               | +         |            | -          |
| TITLE                         |  |                               | TITLE     |   |   |  |                 |             |               | . 🔲 Cha   | ınge       | ☐ Addition |
| NAME                          | •  |                               | 2 NAME    |   |   |  |                 |             |               |           |            |            |
| STREET ADDRESS                |  |                               |           | ADDRESS   | .}                                      |  |                 |             |               |           |            |            |
|                               |  |                               | 4. CITY-S |   | 1                                       |  |                 |             |               |           |            |            |
| CITY-ST-ZIP<br>TITLE          |  |                               | 1 TITLE   | , 🚚   | 1                                       |  |                 |             |               | ☐ Cha     | inge       | ☐ Addition |
| NAME                          |  |                               | 2 NAME    |   | 1                                       |  |                 |             |               |           |            |            |
| STREET ADDRESS                |  |                               |           | ADDRESS   | .]                                      |  |                 |             |               |           |            |            |
|                               | ·  |                               | 4 CITY-ST |   |   |  |                 |             |               |           |            |            |
| CITY-ST-ZIP<br>TITLE          |  |                               | 1 TITLE   | - CIF   | +                                       |  |                 |             |               | ☐ Cha     | enge       | Addition   |
|                               |  | _                             | 2 NAME    |   |   |  |                 |             |               | _         | -          | _          |
| NAME                          |  |                               |           | ADDRESS   |   |  |                 |             |               |           |            |            |
| STREET ADDRESS                |  |                               | 4 CITY-S  |   |   |  |                 |             |               |           |            |            |
| CITY+ST-ZIP                   |  |                               | 1 TITLE   |   | <del> </del>                            |  |                 |             |               | ☐ Cha     | nge        | Addition   |
| TITLE                         |  | _ 5000.0                      | 2 NAME    |   |   |  |                 |             |               |           | <b>3</b> - |            |
| NAME                          |  |                               |           | ADDRESS   | .]                                      |  |                 |             |               |           |            |            |
| STREET ADDRESS                | •  |                               |           |   | 1                                       |  |                 |             |               |           |            |            |
| CITY-ST-ZIP                   |  | 6.4                           | 4 CITY-S  | 1-4IP   | 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.