PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000035016

JOHN A. PFEILSTICKER, M.D., P.A.

Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90045 049 ***150.00

| | 1011 1011 1010 | |
|--|--------------------|--|

| Principal Place | e of Business | Mailing Address | | | | | | | |
|------------------------------------|--|----------------------------------|----------------|--------------------|--|----------------------------|--|--|--|
| 2221 59TH STR | | 1519 64TH STREET, CT. E. | | | | | | | |
| BRADENTON FL 34209 BRADENTON FL 34 | | Bradenton FL 34208 | 3 | | DO NOT WRITE IN THIS SPACE | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 05/05/1994 | | | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 1 4. FEI Number | Applied For | | | |
| | lace of Dusiness | 26 2221 -59± | 2. S <i>†</i> | wes | 65-0491839 | Not Applicable | | | |
| Suite, Apt. | # ptc | Suite, Apt. #, etc. | <u>. ر ب -</u> | 7700 | \$8.7 | 5 Additional | | | |
| ⊢ ' ' ' | #, 6 10. | 27 | | | E Cortifecto of Statue Decired | Required | | | |
| City & Stat | Α | City & State | | | 6. Election Campaign Financing 55.0 | 0 May Be | | | |
| 23 | | 28 Bradente | nn. | FL | 1 - 1 | ed to Fees | | | |
| Zip | Country | Zip _ | Count | TV / | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | | 30 M | anate | Personal Property Tax. | □No | | | |
| 24 | 9. Name and Address of Current | | 3017 / (| 41 IG1 C | 10. Name and Address of New Registered Agent | | | | |
| | o. Hame and Alexander | | | 1 Name | | | | | |
| WAL | KER, ADRON H | | L | | | | | | |
| | MANATEE AVENUE WEST | | | Street A | Address (P.O. Box Number is Not Acceptable) | • | | | |
| BRA | DENTON FL 34205 | | 1 | 33 | | | | | |
| | | | - 1 | | | | | | |
| Į. | | | Įε | 4 City | FL 85 Z | ip Code | | | |
| | | | | | | ite registered | | | |
| l office or r | registered agent, or both, in the State of | of Florida. Such change was au | thorized l | by the corpor | corporation submits this statement for the purpose of changing pration's board of directors. I hereby accept the appointment as | registered | | | |
| agent. I a | m familiar with, and accept the obligat | ions of, Section 607.0505, Flori | da Statut | es. | | | | | |
| SIGNATURE | | | | | | <u>-</u> | | | |
| | Signature, typed or printed name of registered agent | | <u> </u> | jent signature req | equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT | TOPS IN 12 | | | |
| 12. | OFFICERS ANI | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | | | | |
| TITLE | P DEFECTIONED TOWN | | | . i | oseilsticker John A. | go | | | |
| NAME | PFEILSTICKER, JOHN | 07 | 1.2 NAM | - | Pfeilsticker, John A. 2221 - 59 5t. West | | | | |
| STREET ADDRESS | 1519 64TH STREET COURT EA | 151 | | EETADORESS | Bradenton, FL 34209 | | | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | - December | 34 CITY | | Chan | ge Addition | | | |
| TITLE | | ☐ DELETE | 2.1 TITL | | L., Glani | ge 🗀 Addition | | | |
| NAME | | | 2.2 NAW | E ! | ` | | | | |
| STREET ADDRESS | | | 2.3 STR | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2.4 CIT | /-ST-ZIP | L | | | | |
| TITLE | | ☐ DELETE | 3 1 TITL | = | ☐ Chan | ge 🔲 Addition | | | |
| NAME | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | · | | | | |
| CITY-ST-ZIP | | | 3,4. CIT | /-ST-ZIP | <u> </u> | | | | |
| TITLE | | ☐ DELETE | 4.1 TITU | | Chan | ge Addition | | | |
| NAME . | | | 4, 2 NAM | #E | | | | | |
| STREET ADDRESS | | | 43 STD | SET ADDRESS | | | | | |

6.4 CITY-ST-ZIP 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 attack ment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5,1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Daytime Phone #

☐ Change

☐ Change

Addition

Addition