Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90166 027 ***150.00

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 # P9400037478

1. Corporation Name

DANIEL D. RICHARDSON, O.D., P.A.

		·					
Principal Place	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2406 CR 526 E 2406 CR 526 E SUMTERVILLE FL 33585 US US					DO NOT WRITE IN	I THIS SPACE	
		33			3. Date Incorporated or Qualifed 05/13/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21		26		59-3251673		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State		6. Election Campaign Financing	\$5.00 +		
28		28			Trust Fund Contribution	Added to	Fees
Zip 24	Country 25	Zip 29			This corporation owes the current yearsonal Property Tax.	☐Yes	□No
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
RICHARDSON, DANIEL D 2406 CR 526 E			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUM	ITERVILLE FL 33585		83	· · · · · · · · · · · · · · · · · · ·			
}						85 Zip C	`ada
			84	City		FL 85 Zip C	,oue
office or r	egistered agent, or both, in the State in familiar with, and accept the obligations of registered agents.	of Florida. Such change was au ations of, Section 607.0505, Flori	ithonzed by ida Statutes	the corporati	poration submits this statement for the purpion's board of directors. I hereby accept the	appointment as reg	jistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PSTD	DELETE :				☐ Change	Addition
NAME	RICHARDSON, DANIEL D		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SUMTERVILLE FL 33585		1.4 CITY-5				
TITLE	COMPLETIBLE 12 COSCO	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
_CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 TTLE			☐ Change	Addition
NAME	-		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE 4.		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	:			,
STREET ADDRESS			4.3 STREE	T ADDRESS			
C/TY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	}		6.3 STREE	T ADDRESS			

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.

6.4 CITY-ST-ZiP