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 CF CORPORATIONS

DOCUMENT # P9400068882

1. Corporation Name

ROBBIN J. QUARTERMAN, P.A.

HODEIN	or double things to the							
						1 6	##	
Principal Flace of Business Mailing Address								
	DR. MARY BETHUNE MCLEOD BLVD 919 DR. MARY BETHUNE MCLEOD B TONA BEACH FL 32114-3017 DAYTONA BEACH FL 32114-3017				DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed			
	· ————————————————————————————————————				09/16/1994		1	
2. Principal Place of Business 1 , A 2a. Mailing Address				ide A.	4 FELNi mber		Aprilled For	
21 24	っこめしは はっ きこく しゃしょん ひきつ かけけしょうきんこく				59-3010531	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifc ite of Status Desired		Additional Recuired	
City & S:at	tona BeacH H	GIV & State	Beau	H. F)	6. Election Campaign Financing Trust Fund Contribution	•	0 May Be d to Fees	
Z441	County 1)SA	Zip Zip	Count	D <a< td=""><td>This corporation owes the current year Personal Property Tax.</td><td>Intangible ☐ Yes</td><td>N.</td></a<>	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	N.	
24 200	9. Name and Address of Current F	1	301	<u> </u>	10. Name and Address of New Registere		1	
	J. Harit and Flad out of Salyone.	(V910101V417.90.11		11 Name		,		
QUARTERMAN, ROBBIN J				Ctroot Ad	The Control of the Co			
919 DR. MARY BETHUNE MCLEOD BLVD				Street Act	Iress (P.O. Box Number is Not Acceptable)			
DAYTONA BEACH FL 32114-3017				13				
			15	14 City		. 85 Zip	o Code	
			İ			L_		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named cor	poration submits this statement for the purpose ton's board of directors. I hereby accept the app	o changing it scintment as r	ts registered registered	
agent. 1 a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statut	es.	. 5110 550,4 51 4110515151 111055, 1110 117			
SIGNATURE					or durben constations) DATE			
12,	Signature, typed or printed name of registered agent at CFFICERS AND		13.	gent signature requi	ADDITIONS/CHANGES TO OFFICERS	AUD DIRECT	ORS IN 12	
TITLE			1.1 TITU		TABLETTO TO STATE OF THE STATE	Change		
NAME	QUARTERMAN, ROBBIN J		1.2 NAM	E	DUARTORMAN, ROBB	バスて		
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			1.4 CITY	-ST-ZIP	Dautona Beach it	1321	IIU	
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NAME			· ·	EET ADDRESS				
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CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITL			☐ Change	e [] Addition	
NAME			5.2 NAM	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 hat; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60". Florida Statutes; and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all officer production of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 60". Florida Statutes, and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all officer production of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 60". Florida Statutes, and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

------ ADDRESS

· ST ZIP

CITY-ST-ZIP

TITLE

CHONATURE AND TYPED OR PRINTI D NAME OF STANING OFFICE OF THE PRINTING OF THE

DELETE

Change

Addition