## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000014699** 1. Corporation Name

Principal Place of Business

BASSETTI & ASSOCIATES M.D., P.A.

4409 SUN 'N LAKE BLVD STE E SEBRING FL 33872		4409 SUN 'N LAKE BLVD STE E SEBRING FL 33872 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	~	
US		03				02/20/1995		
2. Principal Pi	ace of Business	2a. Mailing Address 26	. Mailing Address			4. FEI Number Applied F 59-3297622 Not Applie		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Addition Fee Regulired	ıal	
City & State	B	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May B		
Zip	Country	Zip	Cour	ntry		Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible	-	
24	25		30			Personal Property Tax. Yes No		
	9. Name and Address of Curi	ent Registered Agent				10. Name and Address of New Registered Agent		
DAC	CETTI DENNIC LAD	• •		81	Name	<b>*</b> ¥+,		
	SETTI, DENNIS M.D. Sun 'n lake blyd			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	1 1 1 2 2	
STE Seri	E RING FL 33872			83				
025.	11110 1 E 0001 E		Ī	84	City	EI 85 Zip Code		
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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.	D	DELETE	1.1 TIT	ı.F			Addition	
TITLE	BASSETTI, DENNIS M.D.		1.2 NA			9 5, 5 192;		
NAME	4409 SUN 'N LAKE BLVD S'	TE E			ADDRESS	·		
STREET ADDRESS	SEBRING FL		1.4 CIT		1	·	1	
CITY-ST-ZIP	OEDIMIO 1 E	□ DELETE	2.1 TIT		- 21	Change	Addition	
NAME			2.2 NA	MÉ	ĺ			
					ADDRESS		1	
STREET ADDRESS			2. 4 CF					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIT		, , ,	Change	Addition	
NAME			3.2 NA	ME		•		
STREET ADDRESS			3.3 STI	REET	ADDRESS	The state of the s	正线数 【	
CITY-ST-ZIP	-		3.4. CF	TY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TiT	LE		、パーダーと「みこう」おも、(おう)、(神経験) 中国 Chánge [34] [E] A	Addition	
NAME .			4, 2 NA	ME		•	- 1	
STREET ADDRESS			4.3 ST	REET	ADDRESS		- 1	
CITY-ST-ZIP			4.4 CIT	Y-\$1	r-zip			
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change ☐ /	Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS		-	
CITY-ST-ZIP	, in the second second		5.4 CIT		r-zip			
TITLE		☐ DELETE	6.1 Til	LE		Change D	Addition	
NAME	***		6.2 NA	ME			1	
CTREET ADDRESS			6.3 ST	REET	ADDRESS		ļ	

**FILED** Feb 16, 1999 8:00am **Secretary of State** 

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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 suppliemental 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP