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

Mailing Address

930 MARCUM RD. #3

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000016039

Principal Place of Business

JAMES PRUCHNIEWSKI, DPM, P.A.

930 MARCUM R	D. #3	930 MARCUM RD. #3								
LAKELAND FL 33809		LAKELAND FL 33809				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or		***		
						02/10/1995				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		App	olied For	
24		26			59-3297592		Not	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Desired	\$8.75 A		
22		27			5. Certifcate of Status I	Desired 🛅	Fee Rec	quired		
City & State		City & State			6. Election Campaign F	inancing _	\$5.00	May Be		
23		28				Trust Fund Contribut	ion	Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owe	s the current yea		_	
24	25	29	30			Personal Property Ta			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address	of New Registe	red Agent		
	3 1			81 Nam	ie			•.		
\$ 10 Kr	CHNIEWSKI, JAMES DPM			82 Stree	et Addre	ess (P.O. Box Number is N	ot Acceptable)			
930 MARCUM RD. #3						* .	Refer a Mily and Store	Martin er Mein Reite daten :	ngransh da	
LAKELAND FL 33809			8				白油湖湖			
				OA City				85 Zip C	ode	
				84 City		,		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-name	ed corpo	ration submits this stateme	ent for the purpos	se of changing its	registered	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Silich chande was all	HUCKEZE	i ov me co	rporatio	n's board of directors. I her	reby accept the a	ippointment as reg	jistereu ·	
agent. i a	m lamiliar with, and accept the obligati	0113 01, G EBBOT 007.0000, 71017		-100.		•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signatu	re required	when reinstating)	DA			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGE	S TO OFFICER		_	
TITLE	DPS	☐ DELETE	1.1 Ti	TLE				☐ Change	☐ Addition	
NAME	PRUCHNIEWSKI, JAMES DPM		1.2 N	AME.						
STREET ADDRESS	930 MARCUM RD. #3	0.00	1.3 S	REET ADDRE	ss					
CITY-ST-ZIP	LAKELAND FL		1.4 C	TY-ST-ZIP						
TITLE		☐ DELETE	2.1 Ti	TLE				☐ Change	Addition	
NAME			2.2 N	AME		•				
STREET ADDRESS			2.3 S	FREET ADDRE	ss		÷			
CITY-ST-ZIP			2.40	ITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	· ·	
TITLE		☐ DELETE	3.1 Ti	TLE				Change	☐ Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREET ADDRE	ss	227 24 3 2	. Rough 589,	AND STRATTERS	SHE MILES	
CITY-ST-ZIP	a .		3.4. 0	ITY-ST-ZIP		1 100		等關鍵制。	对抗抗	
TITLE		☐ DELETE	4.1 T	TLE		\$24.5983		Change ·	 Addition 	
NAME		•	4. 2 N	IAME						
STREET ADDRESS			4.3 S	TREET ADDRE	ss		4			
CITY-ST-ZIP				ITY-ST-ZIP	ļ					
TITLE		☐ DELETE	5.1 T					☐ Change	☐ Addition	
NAME			5.2 N	ame		13.50	F			
STREET ADDRESS			5.3 S	TREET ADDRE	ss					
	100		5.4 C	ITY-ST-ZIP						
CITY-ST-ZIP TITLE	The second second	☐ DELETE	6.1 T	TLE				Change	☐ Addition	
NAME	The second second	+	6.2 N	AME						
STREET ADDRESS			6.3 S	TREET ADORE	ss	•				
			6.4 C	ITY-ST-ZIP						
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify for	the exe	emption sta	ted in S	ection 119.07(3)(i), Florida	Statutes, I furth	er certify that the in	nformation	
indicated	on this annual report or supplemental	annual report is true and accul	rate and xecute t	i tnat my s his report a	ignature as requii					
Block 12	or Block 13 if changed, or on an attack	nment with an address, with all	otner II	re embow	ereu.		· · · · · ·			

SIGNATURE:

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90016 032 ***150.00