Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90103 014 \*\*\*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 # P95000033250

STREET ADDRESS

CITY-ST-ZIP

ISLAND MEDICAL CENTER, INC.

	WILDIOAL OLIVICIT, INO.								
Principal Place	e of Business	Mailing Address				( 155(155) (15 15) 5 1111 5 1111			
217. 219. 221 BEACH RD 1 LOT 221 BEACH RD SARASOTA FL 34242 US US						DO NOT WR	RITE IN THIS	SPACE	
03		03			Ì	3. Date Incorporated or Qualifed	Ī		
		1.0				04/27/1995 4. FEI Number			nlied For
2. Principal Place of Business 2a. Mailing Address						59-3316263			plied For t Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						39-33 10203		\$8.75 A	
<u> </u>						5. Certificate of Status Desired	. 🗆 .	· Fee Re	
27						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	1		8. This corporation owes the cur	rrent year Int	angible	
24	25	29 3	30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent	
DIAA	4470 4440V D DD		81	Name	١.				
D'AMATO, MARK R DR. 219 BEACH ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34242			83						
				0				los Zin (	°odo
			84	1			FL	85 Zip C	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by da Statutes	the corp	ooration'	s board of directors. I hereby acce	ept the appoi	ntment as rec	jislered .
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	D'AMATO, DR MARK R		1.2 NAME						
STREET ADDRESS	221 BEACH RD		1.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	SARASOTA FL		14 CITY-S	T-Z!P					
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME			2.2 NAME						-
STREET ADDRESS			2.3 STREE	T ADDRESS	3				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP					□ Addition
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3 2 NAMÉ						
STREET ADDRESS			3.3 STREE	TADDRESS	3				
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP	1			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					Change	C. Addition
NAME			4.2 NAME						
STREET ADORESS:				TADDRESS	8				
CITY-ST-ZIP		Dougles	4.4 CITY-S	T-ZIP	+		<del></del>	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				•		
NAME				TADDRESS	,				•
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE	. 4		The state of the s		Change	Addition
INILE .		_ 0222,0	62 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: