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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035256 (3)

1. Corporation Name

SHORELINE MEDICAL GROUP, P.A.

Principal Place of Business

419 BALTZELL AVE
14 POINT MALL ISLAND DR
PORT ST JOE FL 32456
US

Mailing Address

419 BALTZELL AVE
14 POINT MALL ISLAND DR
PORT ST JOE FL 32456
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

59-3312087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 419 Baltzell Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

9. Name and Address of Current Registered Agent

CURRY, THOMAS L
14 PONT MALL
ISLAND DR
EASTPOINT FL 32328

10. Name and Address of New Registered Agent

81 Name

Curry Thomas L.

82 Street Address (P.O. Box Number is Not Acceptable)

419 Baltzell Ave.

83

84 City

Port St. Joe

FL

85 Zip Code

32456

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURRY, THOMAS L
7192 WINDWORD ST
PORT ST JOE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURRY, ELIZABETH F
7192 WINDWORD ST
PORT ST JOE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

Thomas L. Curry, President 3/5/98 850-229-8910

CR2E034 (10/97)