PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90046 038 ***150.00

DOCUMENT # P95000039577

1. Corporation Name

ROBERT B. DAVID, PH.D. AND JUDITH M. MCBRIDE, PH

Principal Place of Business



HOUTE 4. BOX		HOUTE 4. BOX 380-A HAWTHORNE FL 32640					
					DO NOT WRITE IN THIS SPACE		
(Physical Location is some. P.O. changed address					3. Date Incorporated or Qualifed		
(Physica	EMR SERVICES)	r.o. enauged o	Laaves:	3 to	05/17/1995		
	lace of business	Eu. Mailing Address	-		4. FEI Number	Ar	plied For
21 170	RECLUATER LAKERA	26 SAME			59-3229427	No	ot Applicable
Suite, Apt.	#, etc. horre	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 FL	32640	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible XY Yes	□No
24	25 PutNAM	29	30		Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name (Same and Address of New Registered Agent							
DAVID, ROBERT B				Name	(SAME OFFICE / differen	t abou	~e55)]
				Street Ad	ddress (P.O. Box Number is Not Acceptable)		
ROUTE 4, BOX 380-A				170	Redwater LAKE R.S.		
HAWTHORNE FL 32640			83	1441	wthorpa	·	
i			84	City	F	85 Zip (Code
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	es, the abov	e-named co	ornoration submits this statement for the purpose	of changing its	registered
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		AND V AND V	- Operintered Ass	at comptuse some	uired when reinstating) DATE		}
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				in signistate requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	PST	DELETE	1.1 TITLE		7,000,110,101,011,110,101,110,110,110,11	Change	Addition
	MCBRIDE, PH.D JUDITH M.		1.2 NAME				
NAME	RT 4 BOX 380A			TADORESS			
STREET ADDRESS							
CITY-ST-ZIP	HAWTHORNE FL □ DELE		1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	VP	□ pere ie	2.1 TITLE			onlings	
NAME	DAVID, PH.D ROBERT B.		2.2 NAME				J
STREET ADDRESS	RT 4 BOX 380A			T ADDRESS			1
CITY-ST-ZIP	HAWTHORNE FL		2, 4 CITY-	ST-ZIP		Change	Addition
TITLE	☐ DELETE		3.1 TMLE	1		☐ Change	☐ Addition
NAME			3.2 NAME	-			}
STREET ADDRESS				T ADDRESS			ĺ
CITY-ST-ZIP			34. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	ļ		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			}
CITY-ST-ZIP			4.4 CITY-9	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		Change	. Addition
NAME			5.2 NAME		•		Ì
STREET ADDRESS			5.3 STREE	TADORESS			,
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREE	T ADDRESS			
			4				

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.

SIGNATURE:

352-371-485