02/24/1999 12:40 19413574145 DANIEL DRAPACZ DPM PAGE 01

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

APPROVED AND FILED

99 OCT -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045821

1. Corporation Name
DR. DANIEL DRAPACZ, D.P.M., P.A.

Principal Place of Business	Mailing Address
1301 S MAIN ST BELLE GLADE FL 33430 US	P.O. BOX 237 PAHOKEE FL 33476-0237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1995

4. FEI Number: 65-0603158 ☐ 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 the current year Intangible Personal Property Tax ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1002 S. Parrott Ave	26 1002 S. Parrott Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Okeechobee Fl.	28 City & State: Okeechobee Fl.
24 Zip: 34974 25 Country: Okeechobee	29 Zip: 34974 30 Country: Okeechobee

9. Name and Address of Current Registered Agent

DRAPACZ, DANIEL DR
1301 S MAIN ST
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 1002 S. Parrott Ave
33
34 City: Okeechobee FL 35 Zip Code: 34974

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] 2/23/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DRAPEAZ, DANIEL DR 16683 OCEAN DR JUPITER FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Daniel DRAPACZ 1002 S. Parrott Ave Okeechobee Fl. 34974 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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: [signature] 2/23/99 (941) 357-0336
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

1 - 49195

Pg. 2 of 2

ALLEN M. KARMELIN
Certified Public Accountant

September 10, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is a copy of the 1999 Corporation Annual Report filed by Dr. Daniel Drapacz, D.P.M., P.A. on February 23, 1999.

Since we received a second notice, we must assume that the first one was lost in the mail. Also enclosed is our second check for $ 150.00 to cover the filing fee since the first check must have been lost with the first filing.

Thank you for your assistance in this matter. If I can be of further assistance, please call.

Very truly yours,

Allen M. Karmelin, C.P.A.
AMK:lap

3015 EXCHANGE COURT, SUITE B, WEST PALM BEACH, FL 33409 (561) 683-8126 FAX (561) 683-0365
MEMBER OF: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS