

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90088 022 ***158.75

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1. Corporation Name

DANIEL K. MORRIS, D.O., P.A.

Principal Place of Business

2039 INDIAN ROCKS RD
LARGO FL 33774

Mailing Address

2039 INDIAN ROCKS RD
LARGO FL 33774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

59-3328033

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.



No

9. Name and Address of Current Registered Agent

THOMAS, ROBERT
12300 VONN ROAD
SUITE 1102
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Robert Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPC
STREET ADDRESS MORRIS, DANIEL K
CITY-ST-ZIP 2039 INDIAN ROCKS RD
LARGO FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS MORRIS, CATHY
CITY-ST-ZIP 202 POINCIANNA LANE
LARGO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MORRIS, JERRY
CITY-ST-ZIP 7516 TRIPP ST
AMARILLO TX

TITLE ☐ DELETE

NAME STD
STREET ADDRESS THOMAS, ROBERT
CITY-ST-ZIP 12300 VONN ROAD #1102
LARGO FL 33774

TITLE ☒ DELETE

NAME VPD
STREET ADDRESS MORRIS, CATHY
CITY-ST-ZIP 202 POINCIANNA LANE
LARGO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MORRIS, FLORENCE
CITY-ST-ZIP 7516 TRIPP ST
AMARILLO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME VPD
1.3 STREET ADDRESS MORRIS, CATHY
1.4 CITY-ST-ZIP 2039 INDIAN ROCKS RD
LARGO, FLORIDA 33774

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 727-584-7668

Date

Daytime Phone #

CR2E034 (1/98)