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FILED
May 14 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 # P95000067959 (3)

1. Corporation Name

JOHN F. OLIVA, M.D., P.A.



Principal Place of Business

Mailing Address

3700 EMERGENCY LANE
SEBRING FL 33870
US

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SEBRING FL 33870
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0608959

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 3589 S. Highlands Ave.

Suite, Apt. #, etc.

22

City & State

23 Sebring FL

Zip

24 33870

Country

25 US

2a. Mailing Address

26 3589 S. Highlands Ave.

Suite, Apt. #, etc.

27

City & State

28 Sebring FL

Zip

29 33870

Country

30 US

9. Name and Address of Current Registered Agent

WALKER, MICHAEL B
900 SUN BANK BLDG.
777 BRICKELL AVE.
MIAMI FL 33131

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

Signature typed or printed name of registered agent and title. If applicable also

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME OLIVA, JOHN F
STREET ADDRESS 3012 WYNSTONE DR
CITY-ST-ZIP SEBRING FL

TITLE T ☐ DELETE

NAME QUICK, JANICE C
STREET ADDRESS 312 WYNSTONE DR
CITY-ST-ZIP SEBRING 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 P ☒ Change ☐ Addition

1.2 NAME OLIVA, JOHN F
1.3 STREET ADDRESS 3246 WYNSTONE CT.
1.4 CITY-ST-ZIP SEBRING FL 33872

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME QUICK, JANICE C
2.3 STREET ADDRESS 3246 WYNSTONE CT.
2.4 CITY-ST-ZIP SEBRING FL 33872

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.

SIGNATURE

Janice C Quick

10/28/98 941-471-3100

CR2E034 (10/97)