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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081262 1. Corporation Name

DONALD EARL SMITH, P.A.

Principal Place	e of Business	Mailing Address		4 (MANAB) ICA (MANABA MANABAN) MANABAN	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1118 1181 1881	
504 NO. BAYLE	n street	504 NO. BAYLEN STREET	,				
PENSACOLA FL 32501 PENSACOLA FL 32501			DO NOT WRITE IN T	HIS SPACE			
				3. Date Incorporated or Qualifed			
		•		10/24/1995		, .	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For	مد
21		26		59-3342957	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		•
22	·	27		G. Certificate of Status Bosines	Fee Red		
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	Pees	
Zip	Country	Zip	Country	8. This corporation owes the current yea		□No	
24	25 Company	29 3	[0]	Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Current	Registered Agent	81 Name	10. Hanie and Address of How Medical			
SMIT	H, DONALD E	** **** * * * * * * * * * * * * * * *		A NAME OF THE PARTY OF THE PART			
	NO. BAYLEN STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
PEN:	SACOLA FL 32501		83		11 11 17 14	36 835	
``	, =				85 Zip C	80 7 (-) (-) Sado	
	•		84 City		=	,oue	
.11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpos	e of changing its	registered	
Transfer and a second		of Elorida. Such change was auf	horized by the cornorati	ion's board of directors. I hereby accept the al	opointment as rec	jisterea j	
onest is	m familiar with and accent the obligat	tions of Section 607.0505. Florid	da Statutes.			´	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	, , , , , , , , , , , , , , , , , , , ,			
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	Da Statutes. Registered Agent signature require	ed when reinstating) DATI	:		<u> </u>
agent. I a	em familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: F D DIRECTORS	2a Statutes. Registered Agent signature require		S AND DIRECTO	RS IN 12	1/98)
agent. I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: F	la Statutes. Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATI	:		4-(11/98)
agent. I a SIGNATURE	or familiar with, and accept the obligated signature, typed or printed name of registered agent OFFICERS AND DOMALD E	t and title if applicable. (NOTE: F D DIRECTORS	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATI	S AND DIRECTO	RS IN 12	034:/11/98)
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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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90038 031 ***150.00