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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90100 016 ***150.00

DOCUMENT # P95000086933

JANET M. MINT, O. D., P. A.

Principal Place	e of Business	Mailing Address	Mailing Address									
4131 SOUTHSIDE BOULEVARD		4131 SOUTHSIDE BOUL	4131 SOUTHSIDE BOULEVARD									
JACKSONVILLE FL 32216		SUITE 203			DO NOT WRITE IN THIS SPACE							
		JACKSONVILLE FL 32216 US				3. Date Incorporated or Qualifed						
		00					11/13/19				ļ	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For				Apr lied For		
— i	iace of Business	<u> </u>	26				59-3353808			⊢	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								\$8.75	A ditional	
22	,	27	27				5. Certifcate o	f Status Desired		Fee	Required	
City & State	e	City & State					6. Election Ca	mpaign Financing	П	\$5.0	0 May Be	
23		28					Trust F und Contribution Added to Fees					
Zip	Cour try	Zip	Zip Country				8. This corporation owes the current year intangible					
24	25	29	30				Persor al Property Tax.				1140	
	9. Name and Address of Curre	ent Registered Agent					10. Name and Address of New Registers d Agent					
				81	Na	ime					1	
	SEY, MARK III			82 Street Ad			ress (P.O. Bo) Number is Not Acceptable)					
	West Forsyth Street											
	E 900			83								
JACI	KSONVILLE FL 32202					iy —				85 Z	p Code	
									<u> </u>	- []		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida St	ati tes, the a	pove	е-па	ned corp	poration submits the	is statement for the	purpose of	changing	its registered redistered	
office or r	egistered agent, or octh, in the State m familiar with, and accept the oblig	at ons of, Section 607.0505,	Florida Stat	utes	u 1⊖ \ }.	.o.poi.xu	IOTT & BOATE OF THEO	ioro: i nordoy dod	premo appo			
SIGNATUFE	,											
SIGNATOF.E	Signature, typed or printed ne me of registered ag	, , , , , , , , , , , , , , , , , , , ,	NOTE: Registered	Ager	nt signa	ture requir	ed when reinstating)		DATE			
12.		NI) DIRECTORS	13.			 -	ADDITIONS	CHANGES TO O	FICERS AN	ND DIREC Chang		
TITLE	P	☐ DELETE	8	1.1 TITLE							e	
NAME	MINT, JANET M		1.2 N.								i	
STREET ADDRESS		RD .	135	TREE	T ADDF	(ESS						
CITY-ST-ZIP	JACKSONVILLE FL 32216				T-ZIP	 -				Chang	e Addition	
TITLE		☐ DELETE								chang	eAddition	
NAME			2.2 NAJ									
STREET ADDRI .SS			2.3 S	TREE'	TADD	₹ESS						
CITY-ST-ZIP				_	ST-ZIP	- -				Chana	e Addition	
TITLE		☐ DELETI	1							Chang	e Magnion	
NAME			3.2 N									
STREET ADDRI .SS					T ADDI							
CITY-ST-ZIP					ST-ZIP					☐ Chang	e Addition	
TITLE		☐ DELETI	Ē 4,1 TI	TLE						☐ Chang	e L Addition	
NAME			4.21	IAME								
STREET ADDRESS			4.3 S	TREE	T ADD!	₹ESS					ļ	
CITY-ST-ZIP					ST-ZIP						Addition	
TITLE		☐ DELETI								Chang	e Addition	
NAME			5.2 N		·- ·							
STREET ADDRESS					TADD	(ESS						
CITY-ST-ZIP					ST-ZIP					<u> </u>	n Addition	
TITLE		☐ DELETI								Chang	e Addition	
NAME			6.2 NAME								ļ	
ATOFFT ADDENTS			638	TRFF	T ADD	RESS					¥.	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(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 change. Lot on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP