**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOOO

## FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90227 021 \*\*\*150.00

FLORIDA E.N.T. ASSOCIATES, P.A.  Principal Place of Business  7019 N.W. 11TH PLACE GAINESVILLE FL 32605  Mailing Address 7019 N.W. 11TH PLACE GAINESVILLE FL 32605					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 12/29/1995		
2. Principal f	Place of Business	2a. Mailing Ad	kdress		4. FEI Number	<del></del>	pplied For
1		26			59-3344396		ot Applicable
Suite, Apt. #, etc.		— <u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & Sta	ite	- City & Sta	to		6. Election Cempaign Financing		May Be to Fees
23	Country	Zip		Country	8. This corporation owes the current y		to rees
Zip	<u> </u>	— <u> </u>	30	iodnu y	Personal Property Tax.	year muangune ∐'Yes	□No
24	9. Name and Address of C	29 urrent Registered Agen			10. Name and Address of New Regis		
	148145 81/8 (100) 688 01 0		·	81 Name			
	LKER, JAMES H			82 Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	<del></del>
7019 N.W. 11TH PLACE					,		
GAI	NESVILLE FL 32605			83			
	1	•		84 City	······································	85 Zip	Code
				1717	waster sub-the this statement for the num	FLI	recistered
				a above-named cor zed by the corporat tatutes.	poration submits this statement for the purplion's board of directors. I hereby accept the	PL pose of changing its appointment as re	registered egistered
SIGNATURE	Signature, typed orbitales name of regular	ed agent and title of applicable.	(NOTE: Registe	a above-named cor ged by the corporat tatutes.	red when reinstating) 0	FL pose of changing its appointment as re	
SIGNATURE	Signature, typed of profiled name of regular	ed agent and title of applicable.	(NOTE: Registe	a above-named cor zed by the corporat tatutes.	412617	FL pose of changing its appointment as re	
SIGNATURE 12. TILE	Signature, typed objects name of regular	ed agent and title of applicable.	(NOTE: Register  1 DELETE 1.1	a above-named cor- zed by the corporat tatutes.  and Agent signature required.	red when reinstating) 0	ose of changing its appointment as re q hate ERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed object of name of regular OFFICER  DVP  WALKER, JAMES H	ed agent and title of applicable.	(NOTE: Register  1 DELETE 1.1	e above-named core above-named core and the corporat tatutes.  I TITLE	red when reinstating) 0	ose of changing its appointment as re q hate ERS AND DIRECTO	ORS IN 12
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indicated on this armular report or supplemental agrinual report is true and accurate and that my signature shall have the same legal effect as it made under daily officer or director of the corporation or the receiver or trusteg empowered to secule 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: