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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020529

TODD D. STALNAKER, D.O., P.A.

Principal Place of Business

Mailing Address

5149 N. 9TH AVE., STE. 210

SIGNATURE:

5149 N. 9TH AVE., STE. 210

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90022 003 ***150.00



PENSACOLA FL 32504		PENSACOLA FL 32504		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
9 04 1 10		2n Mailing Address			03/04/1996 4. FEI Number		TAN	plied For
2. Principal Place o	of Business	2a. Mailing Address			59-2691046		<u> </u>	t Applicable
21 Suite, Apt. #, etc	<u> </u>	Suite, Apt. #, etc.					\$8.75 A	
	. .	27			5. Certifcate of Status Desired	□ ·	Fee Re	
22 City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Çou	intry	8. This corporation owes the current	nt year Intan	gible	
24	25	29	30		Personal Property Tax.	_ [Yes	□No
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	jent	
				81 Name				
Stalnaker, todd d				82 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
5149 N. 9TH AVE., STE. 210				Jan Gulder Hadi	1000 (1.0. BOX FIGHIDO) to Hot / hoodystatio)			
PENSACO	OLA FL 32504			83				
				04			85 Zip (ode.
				84 City		FL	85 Zip C	,000
11. Pursuant to the	provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the a	bove-named corp	poration submits this statement for the p	urpose of ch	anging its	registered
office or registe	ered agent, or both, in the State miliar with, and accept the oblig	e of Florida. Such change wa	as authorized	o by the corporation	on's board of directors."I hereby accept	the appoint	nent as rec	jistereo —
<u>-</u>	miles with and accept the obig	,						
SIGNATURE	ure, typed or printed name of registered ag	ent and title if applicable. (I	VOTE: Registered	Agent signature require	od when reinstating)	DATE		
Signal					ADDITIONS/CHANGES TO OFF	OFFIC ALID	DIDECTO	RS IN 12
Signal		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
Signal		ND DIRECTORS		TLE	ADDITIONS/CHANGES TO OFF		Change	☐ Addition
12. 7ITLE P					ADDITIONS/CHANGES TO OFF			☐ Addition
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12. TITLE P STA	OFFICERS A		E 1.1 π 1.2 N 1.3 S	AME	ADDITIONS/CHANGES TO OFFI			<u> </u>
12. TITLE P ST/ STREET ADDRESS 514	OFFICERS A ALNAKER, TODD D 19 N 9TH AVENUE		E 1.1 π 1.2 N 1.3 S ¹ 1.4 Cl	AME TREET ADDRESS ITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI			☐ Addition
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12. TITLE P NAME STREET ADDRESS CITY-ST-ZIP PEI	OFFICERS A ALNAKER, TODD D 19 N 9TH AVENUE	C DELETE	1.1 TI 1.2 No 1.3 ST 1.4 CI E 2.1 TI 2.2 No	AME TREET ADDRESS ITY-ST-ZIP ITLE	ADDITIONS/CHANGES TO OFFI		Change	<u> </u>
12. TITLE P NAME ST/ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A ALNAKER, TODD D 19 N 9TH AVENUE	C DELETE	E 1.1 TT 1.2 NJ 1.3 ST 1.4 CD E 2.1 TT 2.2 NJ 2.3 ST 1.5 S	AME TREET ADDRESS ITY-ST-ZIP TILE AME	ADDITIONS/CHANGES TO OFFI		Change	Addition
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