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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020958 (0)

BETH S. PEARCE, D.P.M., P.A.

Principal Place of Business Mailing Address				F CONTROL AND TOTAL DOTAL BOTTH BOTTH BOTTH BOTTH FIRM OF THE VOLUM BOTTH BOTT	1
204 SOUTHPARK CIRCLE EAST ST. AUGUSTINE FL 32086		204 SOUTHPARK CIRCLE EAST ST. AUGUSTINE FL 32086		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/29/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo	эr
21		26		59-3379490 Not Applie	able
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additions	ai
City & Stat	6	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution	
Zìp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Current		30	Personal Property Tax due June 30. Yes No	\dashv
	. II	. Hağısteren Ağent	81 Name	10. Name and Address of New Registered Agent	
	ARCE, BETH S		UT INAME		
144 WATERS EDGE DRIVE PONTE VEDRA FL 32082			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PU	NIE VEURA FL 32082		83	Kingfisher Drive	
			100		
			84 City Pon	te Vedra Beach FL 85 Zip Code 32082	
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.					
_	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Fior	nda Statules.		
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (NOTE	Registered Agent signature re	equited when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETÉ	1.1 TITLE	Change Add	lition
NAME	PEARCE, BETH S		1.2 NAME		
STREET ADDRESS	144 WATERS EDGE DRIVE		1.3 STREET ADDRESS	120 Kingfisher Drive	J
CITY-ST-ZIP	PONTE VEDRA FL 32082		1.4 CITY-\$1-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Add	fition
NAME			2.2 NAME		- 1
STREET ADDRESS			2.3 STREET ADDRESS		
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NAME			3.2 NAME		- !
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CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	Change Add	lition
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TITLE		DELETE	5.1 TITLE	☐ Change ☐ Add	Jition
NAME			5.2 NAME		ĺ
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY - ST - ZIP		_
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Add	Jition

6.2 NAME

14. Thereby 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 at purplemental 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 corporates of 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 of the corporation an affactment with an address.

an attachment with an address.

6.3 STREET ADDRESS

904824-0869

FILED

Jan 27 1998 8:00am

Secretary of State

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