

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

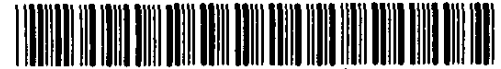
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DOCUMENT # P96000022066

1. Corporation Name

EDWARD J. GUGGEMOS, O.D., P.A.



Principal Place of Business  
307 BRANDON TOWN CENTER MALL  
BRANDON FL 33511  
US

Mailing Address  
15501 BRUCE B. DOWNS BLVD  
APT 3512  
TAMPA FL 33647  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 15909 FARRINGHAM DRIVE		03/15/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 TAMPA, FLORIDA		59-3366784	
24 Country		29 33647		30 Country	
25		30		5. Certificate of Status Desired	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				Trust Fund Contribution	
				Yes No	
				Yes No	

9. Name and Address of Current Registered Agent

GUGGEMOS, EDWARD J. O  
15501 BRUCE B. DOWNS BLVD  
APT 3512  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name GUGGEMOS, EDWARD J., O.D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
15909 FARRINGHAM DRIVE  
83  
84 City TAMPA FL 85 Zip Code 33647

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.

SIGNATURE

*Edward J. Guggemos*

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-99

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	GUGGEMOS, EDWARD J	
STREET ADDRESS	15501 BRUCE B. DOWNS BLVD, APT 3512	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	GUGGEMOS, EDWARD J., O.D.		
1.3 STREET ADDRESS	15909 FARRINGHAM DRIVE		
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE:

*Edward J. Guggemos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-99 813-684-0815

CR2E034 (11/98)