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

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90011 038 ***150.00

DOCUMENT # P96000066721

1. Corporation Name

J. DEAN COLE, M.D., P.A.

21 26 59-3393111 Not Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 A	plied For t Applicable
STE 204 ORLANDO FL 32806 US DO NOT WRITE IN THIS SPACE	t Applicable
ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 07/31/1996 4. FEI Number April Apr	t Applicable
US 3. Date Incorporated or Qualifed 07/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3393111 Not Suite, Apt. #, etc. 22 City & State City & State 3. Date Incorporated or Qualifed 07/31/1996 4. FEI Number 59-3393111 Solite, Apt. #, etc. 5. Certifcate of Status Desired Fee Ret City & State Solite, Apt. #, etc. 5. Certifcate of Status Desired Fee Ret 5. On Tampaign Financing \$5.00 Telephone Solite, Apt. #, etc.	t Applicable
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr.	t Applicable
2. Principal Place of Business 2a. Mailing Address 59-3393111 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 4. FEI Number 59-3393111 Not 55-Certificate of Status Desired Fee Rec	t Applicable
21 26 59-3393111 Not Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 A 22 27 Fee Red City & State 6. Election Campaign Financing \$5.00 mm	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. The suite is a suite in the suite in the suite is a suite in the suite in the suite is a suite in the suite in the suite in the suite is a suite in the suite in the suite in the suite is a suite in the suit	•
22 5. Certificate of Status Desired Fee Record City & State 6. Election Campaign Financing \$5.00	domonai
City & State City & State 6. Election Campaign Financing \$5.00	quired;
	•
	•
Zip Country Zip Country 8. This corporation owes the current year Intangible	71000
	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
COLE, J. DEAN M.D. 82 Street Address (P.O. Box Number is Not Acceptable)	
1118 SO. ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 204 83	
ORLANDO FL 32806	
FL 85 Zip C	ode
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 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 regagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	jistered
Signature, hinsel or printed some of registered asset and title if applicable (NOTE: Registered Asset signature required when rejustating)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	RS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE DELETE 1.1 TITLE Change	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D DELETE 1.1 TITLE COLE, J. DEAN M.D. 1.2 NAME	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D COLE, J. DEAN M.D. STREET ADDRESS 1118 SO. ORANGE AVENUE, SUITE 204 1.3 STREET ADDRESS	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D COLE, J. DEAN M.D. 12. NAME COLE, J. DEAN M.D. STREET ADDRESS CITY- ST- ZIP ORLANDO FL 32806 14. CITY- ST- ZIP	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	☐ Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP NAME ORLANDO FL 32806 DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 1.4 CITY-ST-ZIP NAME 2.2 NAME 2.2 NAME	☐ Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	☐ Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	☐ Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTOR TITLE D D DELETE 1.1 TITLE COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D	Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	Addition Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTOR TITLE D COLE, J. DEAN M.D. STREET ADDRESS 1118 SO. ORANGE AVENUE, SUITE 204 ORLANDO FL 32806 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMME AL Z NAME	Addition Addition Addition
Signature, typed or printed name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D NAME COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Addition Addition Addition
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) 12. OFFICERS AND DIRECTO TITLE D NAME COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 2.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE AMME 4.2 NAME STREET ADDRESS CITY-ST-ZIP AMME AS STREET ADDRESS CITY-ST-ZIP AMME AS STREET ADDRESS CITY-ST-ZIP ANME AS STREET ADDRESS CITY-ST-ZIP AMME AS STREET ADDRESS CITY-ST-ZIP AMME	Addition Addition Addition
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR COLE, J. DEAN M.D. STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 21 TITLE 22 NAME 22 STREET ADDRESS CITY- ST- ZIP TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME 33 STREET ADDRESS CITY- ST- ZIP TITLE AME STREET ADDRESS CITY- ST- ZIP AL CITY- ST- ZIP TITLE AME STREET ADDRESS CITY- ST- ZIP AL CITY- ST- ZIP AL CITY- ST- ZIP Change Change AL CITY- ST- ZIP TITLE AL CITY- ST- ZIP TITLE AL CITY- ST- ZIP TITLE Change Change Change Change Change Change Change Change	Addition Addition Addition Addition
Signature, typed or printed name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE NAME COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME A 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME A 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME A 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME A 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME A 2 NAME A 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME Change	Addition Addition Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Defect 1.1. OFFICERS AND DIRECTOR TITLE D COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	Addition Addition Addition Addition
Signature, typed or printed name of registaned apent and title if appricable. (NOTE: Registed Apent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D DELETE NAME COLE, J. DEAN M.D. STREET ADDRESS CITY- ST-ZIP ORLANDO FL 32806 1118 SO. ORANGE AVENUE, SUITE 204 ORLANDO FL 32806 14. CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 31 TITLE NAME STREET ADDRESS CITY- ST-ZIP DELETE 31 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP DELETE 33 STREET ADDRESS CITY- ST-ZIP Change NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY- ST-ZIP	Addition Addition Addition Addition Addition
Signature, typed or printed name of registered aports and tilled if applicables. (NOTE: Registered Aport signature required when reinstating) Defects Title D COLE, J. DEAN M.D. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP	Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP