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

DOCUMENT # P96000080446

1. Corporation Name

DONOVAN D. TAYLOR, M.D., P.A.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90098 016 ***150.00

Principal Place	e of Business	Mailing Address							
581 NW 183RD STREET 9301 CHELSEA DR. MIAMI FL 33169 MIRAMAR FL 33025 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
						09/27/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0697009			Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						03 009 1009	\$2		dditional
22 27						5. Certifcate of Status Desired		Fee Rec	
City & State City & State						6. Election Campaign Financing		5.00 t	
23		28				Trust Fund Contribution		Added to	Fees
Zip 24	Country 25	29 30	_	y'' · · · · ·	,	8. This corporation owes the current Personal Property Tax.	year Intangibl ☐ Yo		⊞ √√6
	9. Name and Address of Current	<u></u>	1			10. Name and Address of New Regi	istered Agen	Ł	
<u> </u>			8	1 Name	,				
TAYLOR, DONOVAN D 9301 CHELSEA DR.				2 Street	Addre	ess (P.O. Box Number is Not Acceptable	:)		
1	MAR FL 33025		8	3					
-	g totals on the Hermite	. بر بر من الم	8	4 City			FL 85	Zip C	ode
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Re			required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIF	RECTO	RS IN 12
12.	DP OFFICERS AND	DELETE	1.1 TITLE		1	7.00017.01.07.01.01.01.01.01.01.01.01.01.01.01.01.01.		Change	Addition
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[MIRAMAR FL 33025		1.4 CITY		Ί				
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NAME	据: 100 mm 1			= :ET ADDRESS	ا				
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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