

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 06, 1999 8:00 am  
Secretary of State

03-06-1999 90014 023 \*\*\*150.00

DOCUMENT # P97000003399

1. Corporation Name

~~CHARLES R. STARK, M.D., P.A.~~

Choice 1

Principal Place of Business

722 FAIRWAY RIDGE COURT  
SUN CITY CENTER FL 33573

Mailing Address

722 FAIRWAY RIDGE COURT  
SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3421664

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS INC.  
1221 BRICKELL AVE. STE 900  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Charles R. Stark

82 Street Address (P.O. Box Number is Not Acceptable)

83

722 Fairway Ridge Court

City Sun City Center

FL

85 Zip Code

33573

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

Charles R. Stark

Charles R. Stark

2.20.1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STARK, CHARLES R MD  
STREET ADDRESS 722 FAIRWAY RIDGE COURT  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE President  
1.2 NAME Charles R. Stark  
1.3 STREET ADDRESS 722 Fairway Ridge Court  
1.4 CITY-ST-ZIP Sun City Center FL 33573

2.1 TITLE Treasurer, Secretary  
2.2 NAME Catherine D. Stark  
2.3 STREET ADDRESS 722 Fairway Ridge Court  
2.4 CITY-ST-ZIP Sun City Center FL 33573

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Charles R. Stark

2.20.1999

813.633.4251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0382564