

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90152 036 ***150.00

DOCUMENT # P97000034239

1. Corporation Name

TONIA L. TURNER, PH.D., P.A.

Principal Place of Business

**350 CAMINO GARDENS BOULEVARD
SUITE 301
BOCA RATON FL 33432**

Mailing Address

**350 CAMINO GARDENS BOULEVARD
SUITE 301
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

65-0749064

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, DAVID
391 N.W. 48TH AVENUE
DEERFIELD BEACH FL 33442**

81 Name

David Kelly

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

10660 N. W. 49th St.

83

84 City

Coral Springs

FL

85 Zip Code

33076

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TURNER, TONIA L**
STREET ADDRESS **350 CAMINO GARDENS BOULEVARD, SUITE 301**
CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Turner, Tonia L.**
1.3 STREET ADDRESS **10660 N. W. 49th St.**
1.4 CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE **D** ☐ DELETE
NAME **KELLY, DAVID**
STREET ADDRESS **391 NORTH WEST 48TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Kelly, David**
2.3 STREET ADDRESS **10660 N. W. 49th St.**
2.4 CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

John Turner P.M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (561) 391-2418
Date Daytime Phone #

CR2E034 (11/98)