PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035823

1. Corporation Name

DAVID C. HAGER, M.D., P.A.

Principal Place of Business

Mailing Address

2227 AADOM ST

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90023 006 ***150.00



PT. CHARLOTTI		PT. CHARLOTTE FL 33952			DO NOT WRITE IN THIS SPACE
					Date ir corporated or Qualifed
					,
6 5 1 5 1	and of Durings	2a. Mailing Address		,	04/22/1997 4. FEI Number App ied For
			. 34	.	65-0748622 Not Applicable
21 7 - C- 121	# oto	26 4 3 4 4 6 6 7 7 7 1 Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired Fee Required
City & State		28 Charlotte tarbor, FL.		·FL	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zíp	Coun ry	Zip 33980 30	Country	/	8. This corporation owes the current year Intangible
24 3396	SD 25	29 33780 30			Personal Property Tax. XYes []No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered Agent
			81	Name	•
	ER, DAVID C		82	Street	t Address (P.O. Box Number is Not Acceptable)
	AARON ST.				
PT. (CHARLOTTE FL 33952		83		
			84	City	85 Zip Code
				'	FL S S S S S S S S S
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida. Such change was auth-	orizea av	tne corpo	d co-poration submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		The description of the second	aintered Ac-	at eigneture -	e required when reinstating) DATE
40	Signature, typed or printed nar ie of registered agent OFFICERS AND		13.	nt signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	1,1 TITLE		Change Addition
TITLE	D DAVID C	- Decerte	12 NAME		
NAME	HAGER, DAVID C 4344 LAURA ST		· ·	T ADDRESS	S
STREET ADDRESS			1.3 STREE		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	DELETE	2.1 TITLE	51-ZIP	Change Addition
TITLE		_ occur	22 NAME		
NAME			•	T 1 DDDCC0	
STREET ADDRESS				TADDRESS	5
CITY-ST-ZIP		☐ DELETE	2 4 CITY-1	SI-ZIP	Change Addition
TITLE		_ Detere			
NAME			3.2 NAME	T ADDOCOO	
STREET ADDRESS			i	T ADDRESS	S
CITY-ST-ZIP		□ DELETE	3.4, CITY-: 4,1 TITLE	51-ZIP	Change Addition
TITLE			4.1 TILE		
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STREET ADDRES S			4.3 STREE		×
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	5 1- ΔIP	☐ Change ☐ Addition
TITLE		- Bettere	5.1 NAME	!	
NAME				TADDRESS	s
STREET ADDRES S			5.4 CITY-5		-
CITY-ST-ZIP		DELETE	6.1 TITLE	J. 411	Change Addition
TITLE			6.2 NAME		
NAME				TADDRESS	8
STREET ADDRES S					V
CITY-ST-ZIP			6.4 CITY-5	SI-ZIP	<u> </u>

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 εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I ε m an officer or director of the corporation or the receiver or trustee empowered to εxecute 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:

GNING OFFICER OR DIRECTOR