## 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 # P97000039867

M. CHESHIRE, M.D., P.A.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90035 024 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address						
914 NORTH OLIVE AVENUE 914 NORTH OLIVE AVENUE								
W PALM BEACH FL 33401 W PALM BEACH FL 33401					•			
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 05/05/1997		·]
· ·	Place of Business	2a. Mailing Address	5			4. FEI Number	Ap	plied For
21	<del></del>	26				65-0751159	<del></del> _	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, el	.c.			5. Certificate of Status Desired	\$8.75 A	
City & Sta		City & State				<del>                                     </del>	Fee Re	
23	···	28				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added to	· 1
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year li		71.669
24	25	29	30	,		Personal Property Tax.	•	□No I
,	9. Name and Address of Cu	<del></del>		Τ		10. Name and Address of New Registered		
				81	Name			
CHESHIRE, MCKINLEY MD				02	Ctenat Add	(D.O. Barristania National Nat		
	NORTH OLIVE AVENUE			82 Street Add		ess (P.O. Box Number is Not Acceptable)		j
WP	ALM BEACH FL 33401			83				
					City		·	
				84	City	FI	85 Zip C	iode
office or i	registered agent, or both, in the Si	tate of Florida. Such change	was authorized	d by	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its pointment as req	registered jistered
agent. Fa	am familiar with, and accept the of	oligations of, Section 607.050	15, Florida Stat	tutes.	•			}
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NOTE: Registerer	Agen	signature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSTD	☐ D£LE					☐ Change	Addition
NAME	CHESHIRE, MCKINLEY MD	•	1.2 N	AME				)
STREET ADDRESS	A		13 S	TREET	ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL 33401		1.4 C/	ITY-ST	-ZIP			{
TITLE		☐ DELE	TE 2.1 TI	ITLE			☐ Change	☐ Addition
NAME			2.2 N	AME				☐ Modwoon {
STREET ADDRESS			2.3 \$1		- 1	•		_
CITY-ST-ZIP	J			TREET	ADDRESS			#J. Addision
TITLE			2.40	TREET		·		_
NAME		☐ DELE		TY-S			Change	_
		☐ DELE		TLE				<b>6.3</b>
STREET ADDRESS		DELE	3.1 TE 3.2 N/	CITY-ST TILE AME				<b>6.3</b>
STREET ADDRESS CITY-ST-ZIP			3.1 TF 3.2 N/ 3.3 S7 3.4. C	CITY-ST TILE AME	T-ZIP ADDRESS			Addition
		: DELE	3.1 TF 3.2 N/ 3.3 S7 3.4. C	TREET	T-ZIP ADDRESS			<b>6.3</b>
CITY-ST-ZIP			3.1 TT 3.2 N/ 3.3 ST 3.4. C	CITY-S' ITLE AME TREET CITY-S' ITLE	T-ZIP ADDRESS	· · · · · · · · ·	☐ Change	Addition
CITY-ST-ZIP TITLE			33.1 TF 3.2 NA 3.3 ST 3.4. C TE . 4.1 TF 4.2 NA	CITY-STITLE  AME  TREET  CITY-STITLE  LAME	T-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		. DELE	3.1 TT 3.2 NA 3.3 ST 3.4.0 CTE . 4.1 TT 4.2 NA 4.3 ST 4.4 CT	CITY-ST	ADDRESS 1-ZIP  ADDRESS ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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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 eath; 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: