FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

002545

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90187 034 ***150.00

DOCUMENT # P97000043563

1. Corporation Name
SWEETWATER MEDICAL ASSOCIATES, P.A.

Principal Place of Business
5795 TAYLOR BRANCH ROAD
PORT ORANGE FL 32127

Mailing Address
5795 TAYLOR BRANCH ROAD
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/16/1997

2. Principal Place of Business
21 1720 DUNLAWTON AVE.

2a. Mailing Address
26 1720 DUNLAWTON AVE.

4. FEI Number
59-3450803
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23 PORT ORANGE FL

City & State
28 PORT ORANGE FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 32127

Country
25 VOLUSIA

Zip
29 32127

Country
30 VOLUSIA

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

9. Name and Address of Current Registered Agent

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE SUITE 905
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FENSTER, MD HAROLD A	
STREET ADDRESS	5795 TAYLOR ROAD	
CITY-ST-ZIP	PT CHARLOTTE FL 32127	
TITLE	VD	☐ DELETE
NAME	GOHAR S. KHAN	
STREET ADDRESS	1720 DUNLAWTON AVE.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1720 DUNLAWTON AVE	
1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4. CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: X President X 4-29-99 (904) 756-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harold A. Fenster, MD, President

CR2E034 (11/98)