

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 Qualified

05/16/1997

4. FEI Number

59-3450803

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 1720 DUNLAWTON AVE.

Suite, Apt. #, etc.

22

City & State

23 PORT ORANGE FL

Zip

24 32127

Country

25 VOLUSIA

2a. Mailing Address

26 1720 DUNLAWTON AVE.

Suite, Apt. #, etc.

27

City & State

28 PORT ORANGE FL

Zip

29 32127

Country

30 VOLUSIA

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

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 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 or without like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold A. Fenster, MD, President

Date

Daytime Phone #

X 4-29-99 (904) 456-0064

CR2E034 (11/98)