

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 # **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

2. Principal Place of Business

21 1720 DUNLAWTON AVE.

Suite, Apt. #, etc.

2a. Mailing Address

26 1720 DUNLAWTON AVE.

Suite, Apt. #, etc.

22 City & State

23 PORT ORANGE FL

27 City & State

28 PORT ORANGE FL

Zip

24 32127

Country

25 VOLUSIA

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**

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

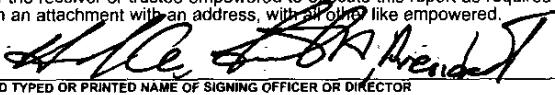
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, MD HAROLD A		1.2 NAME	
STREET ADDRESS	5795 TAYLOR ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 32127		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOHAR S. KHAN		2.2 NAME	
STREET ADDRESS	1720 DUNLAWTON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold A. Fenster, MD, President

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 034 ***150.00

002545

CR2E034 (11/98)


429-99 (804)456-0064

Date

Daytime Phone #