1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000043756**1. Corporation Name

DR. C. I. LIN, P.A.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90066 025 ***150.00



Principal Place of Business 216 N. 3RD ST., STE. A LEESBURG FL 34748-5106 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/16/1997 4. FEI Number Applied For 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Applied For 59-3493902 South, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution Applied For Not Applicable \$6. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution State Organization owes the current year Intansible State Organization of the									
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name and Name	23						Trust Fund Contribution	Added	i to Fees
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LIN, TAMMY 216 N. SRD ST., STE. A LEESBURG FI. 34748-5106 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the oligidations of. Section 807 0505, and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oligidations of. Section 807 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar strength accept the oligidations of. Section 807 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar strength accept the oligidations of. Section 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The purpose of changing		9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Registere	a Agent	
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LEESBURG FL 34748-5106 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 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, 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, and accept the obligations of, Section 807.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar than a proportion and registered agent				ŀ	82 S	treet Addre	ass (P.O. Box Number is Not Acceptable)		_
SIGNATURE Signature, Type The									
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, and separate agent agriculture. Signature, typidd or printed name of legistered agent and separate agent agriculture. Signature typidd or printed name of legistered agent and separate agent agriculture. Signature typidd or printed name of legistered agent and separate agent agriculture. Signature typidd or printed name of legistered agent and separate agent agriculture. Signature typidd or printed name of legistered agent and separate agent agriculture. Signature required when retentating) TITLE OFFICERS AND DIRECTORS IN 12 12	LEES	SBURG FL 34/48-5106			83				
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	SIGNATURE		ALOTE:	t	•	mah ing sagar paga	DATE		
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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 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 THE OR PRINTED NAME

Daytime Phone #