

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053458 (0)

1. Corporation Name

JOSEPHINE M. MACDONALD, CRNA, P.A.



Principal Place of Business

Mailing Address

3184 BEACHWINDS COURT
MELBOURNE BEACH FL 32951

3184 BEACHWINDS COURT
MELBOURNE BEACH FL 32951

3029 Pineda Crossing Drive
Melbourne FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

2. Principal Place of Business

21. 3029 Pineda Crossing DR

Suite, Apt. #, etc.

22.

City & State

23. Melbourne, FL

Zip

24. 32940

Country

25. USA

2a. Mailing Address

26. 3029 Pineda Crossing DR

Suite, Apt. #, etc.

27.

City & State

28. Melbourne, FL

Zip

29. 32940

Country

30. USA

4. FEI Number

59-3452983

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 or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MACDONALD, JOSEPHINE M
3184 BEACHWINDS COURT
MELBOURNE BEACH FL 32951

3029 Pineda Crossing Dr
Melbourne FL 32940

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 5388 Spring Hill Drive

84. City

Spring Hill

FL

85. Zip Code

34606

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/5/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MACDONALD, JOSEPHINE M
STREET ADDRESS 3184 BEACHWINDS COURT
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME MACDONALD, JOSEPHINE M.
1.3 STREET ADDRESS 3029 Pineda Crossing Dr.
1.4 CITY-ST-ZIP Melbourne, FL 32940

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, on an attachment with an address.

SIGNATURE Josephine M. MacDonald, President 2/21/98 407-757-3160

CR2E034 (10/97)