

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053718 (7)**

1. Corporation Name

**KEITH C. VAN DYKE, M.D. & STEPHEN P. SNOW, M.D.,
P.A.**



Principal Place of Business

**1824 HOFFNER AVENUE
ORLANDO FL 32809**

Mailing Address

**1824 HOFFNER AVENUE
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 60 W. Gore St.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Orlando, FL.

Zip

24 32860-1114

Country

2a. Mailing Address

26 60 W. Gore St.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Orlando, FL.

Zip

29 32806-1114

Country

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

59-3452500

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

**VAN DYKE, KEITH C MD
1824 HOFFNER AVENUE
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name

Van Dyke, Keith C. MD

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

60 W. Gore St., Suite 200

83

84 City

Orlando, FL.

FL

85 Zip Code

32806-1114

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, 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

Keith C. Van Dyke, MD
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME VAN DYKE, KEITH C MD
STREET ADDRESS 1824 HOFFNER AVENUE
CITY-ST-ZIP ORLANDO FL 32809**

TITLE ☐ DELETE

**D
NAME SNOW, STEPHEN P MD
STREET ADDRESS 1824 HOFFNER AVENUE
CITY-ST-ZIP ORLANDO FL 32809**

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

11 TITLE ☐ Change ☐ Addition

**D
NAME Van Dyke, Keith C. MD
12 NAME 60 W. Gore St., Ste.200
13 STREET ADDRESS Orlando, FL. 32806-1114
14 CITY-ST-ZIP**

21 TITLE ☐ Change ☐ Addition

**D
NAME Snow, Stephen P. MD
22 NAME 60 W. Gore St., Ste.200
23 STREET ADDRESS Orlando, FL. 32806-1114
24 CITY-ST-ZIP**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE

3/31/98

CR2E034 (10/97)