

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 # P97000054684

1. Corporation Name
W.I. CAPPS, M.D., INC.

Principal Place of Business

991 SW 40TH AVE
PLANTATION FL 33317
US

Mailing Address

P O BOX 21745
SUITE G-3 BOX 56
FT LAUDERDALE FL 33335
US

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

65-0778427

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

21 745 EAST DAYTON CIRCLE

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

Zip Country

24 33312 25 USA

2a. Mailing Address

26 P.O. BOX 21745

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE FL

Zip Country

29 33335 30 USA

9. Name and Address of Current Registered Agent

CAPPS, WILLIAM <
991 SW 40TH AVE
G-3
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

WILLIAM CAPPS

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

83 745 E. DAYTON CIRCLE

84

City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

T ☐ DELETE

NAME
CAPPS, CHRISTINE M
STREET ADDRESS
991 SW 40 AVE G3
CITY-ST-ZIP
PLANTATION FL 33317

S ☐ DELETE

NAME
CAPPS, CHRISTINE M
STREET ADDRESS
991 SW 40 AVE
CITY-ST-ZIP
PLANTATION FL 33317

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

1.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *William S. Capps* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-99

Date

954.327.3093

Daytime Phone #

CR2E034 (11/98)