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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90013 031 \*\*\*150.00

## DOCUMENT # **P97000058573**1. Corporation Name

MARTHA LEFFLER LINCOLN, M.D., P.A.

Principal Place of Business 1500 ATLANTIC BLVD SUITE 308 KEY WEST FL 33040

Mailing Address

1500 ATLANTIC BLVD SUITE 308 KEY WEST FL 33040



		NET WEST FL 33040			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
2. Principal	Place of Business	20 14 15 11			07/03/1997		
	4 SUNRISE DRIVE	2a. Mailing Address	a — T	<b>)</b> .	4. FEI Number		Applied For
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2	n. #, 610.	Suite, Apt. #, etc.			5 Cortiferate of State D	- \$8.7	5 Additional~
City & St	ate .	27			5. Certificate of Status Desired		Required
3 KE	WEST MISSON	City & State	مبد		6. Election Campaign Financing	<u> </u>	
Zip	TIEST FLORIDA	28 Key WES	L. F.L.	OLIDA	Trust Fund Contribution		<b>0</b> May Be d to Fees
_ ′	Country	Zip	Country		8. This corporation owes the current		d to rees
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	<ol><li>Name and Address of Current I</li></ol>	Registered Agent			10. Name and Address of New Regi		LAZINO
СТ	COPPORTION OVOTER		81	Name	The state of the s	stered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				<u> </u>			
			82 Street Addre		ss (P.O. Box Number is Not Acceptable	)	
PLA	INTATION FL 33324		83				
			03				
			84	City		71 -	
1 D	<b>V</b>		1	•		F1  85   Zij	Code
office or	to the provisions of Sections 607.0502 a registered agent, or both, in the State of I	nd 607 1508, Florida Statutes	the above	-named corpor	ration submits this statement for the num	ose of changing i	te registered
agent. I a	registered agent, or both, in the State of I am familiar with, and accept the obligation	Florida. Such change was aut is of. Section 607 0505. Florid	thorized by the	he corporation	i's board of directors. I hereby accept the	appointment as	edistered
IGNATURE	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	da Otalutes.				•
	Signature, typed or printed name of registered agent an	title if applicable. (NOTE: R	enistered Agent	signature required w			
2	OFFICERS AND I		13.	signature required w		ATE	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: Watto Signature and Type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR