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FILED
Jan 29 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 # P97000063092 (5)

1. Corporation Name

SHIRLEY A. ICE, M.D., P.A.

Principal Place of Business

20661 DATESMAN AVE.
DUNNELLON FL 34431

Mailing Address

20661 DATESMAN AVE.
DUNNELLON FL 34431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-3458222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 19204 E. Pennsylvania

26 19204 E. Pennsylvania

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Avenue

Avenue

City & State

City & State

23 Dunnellon, FL

28 Dunnellon, FL

Zip

Country

Zip

Country

24 34432-6111

25 USA

29 34432-6111

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICE, SHIRLEY A
20661 DATESMAN AVE.
DUNNELLON FL 34431

81 Name

Ice, Shirley A.

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

19204 E. Pennsylvania Ave.

83

84 City

Dunnellon

FL

85 Zip Code

34432

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

Shirley A. Ice

Shirley A. Ice, MD

1/22/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ICE, SHIRLEY A
STREET ADDRESS 20661 DATESMAN AVE.
CITY-ST-ZIP DUNNELLON FL 34431

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Ice, Shirley A.
1.3 STREET ADDRESS 19204 E. Pennsylvania Ave.
1.4 CITY-ST-ZIP Dunnellon, FL 34432-6111

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Shirley A. Ice

Shirley A. Ice, MD

1/22/98 (352)465-2449

CF2E034 (10/97)