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

Mailing Address

→ PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000075934

MICHAEL J. STEWART, O.D., P.A.

**FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90106 007 \*\*\*158.75



1733 S TAMIAN SUITES 123-125 VENICE FL 342 US	5	1733 S TAMIAMI TRAIL SUITES 123-125 VENICE FL 34293 US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  09/02/1997				
2. Principal Pl	lace of Business	2a. Mailing Address			- 4	I. FEI Number			Applied For
		26				65-0779137		!	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	œ ·	·	Additional Required
City & State	e	City & State				5. Election Campaign Financing Trust Fund Contribution	0		0 May Be d to Fees
Zîp -	Country 25	Zip 29	30	ntry		3. This corporation owes the cur Personal Property Tax.		<b>⊉</b> Yes	□No
	9. Name and Address of Currer	nt Registered Agent		ļ <u> </u>		D. Name and Address of New	Registered	Agent	
6800	NART, MICHAEL J O.D. I PLACIDA RD, #106 LEWOOD FL 34224			81 Nam  82 Stree  83  84 City	et Address	tewart Michi P.O. Box Number is Not Accept 30 Gentian		85 Zij	). 50 Code 842 93
agent. I aı	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent	tions of, Section 607.0505, Flor	Registered	utes.	re required when	n reinstating)	DATE		
iż. –——		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AF	Change	
- ··: ALIURESS	D STEWART, MICHAEL J O.D. 3030 GENTIAN RD VENICE FL 34293	☐ DELETE			ss			(_) Gliange	e Madigali
51-211	VEHICE   C 34290	☐ OELETE	2.1 TI					Change	e Addition
T_1 ADDRESS			2.2 N/ 2.3 ST	ME REET ADDRES	ss			<u></u>	
ST-ZIP		Closusts	_	TY-ST-ZIP				Change	e 🔲 Addition
 · - I ADDRESS		☐ DELETE		ME REET ADDRES	ss			C1 Citalig	eAoolion
ST-ZIP			_	TY-ST-ZIP					
		☐ DELETE	4,1 TI1		1			Change	e Addition
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		☐ DELETE	5.1 777					Change	e
-			5.2 NA		-				
I ADDRESS			5.3 ST	REET ADDRES	ss				
ST-ZIP				ry-st-zip					
		☐ DELETE	6.1 TT	LE .				Change	e Addition
			6.2 N <sup>4</sup>	ME					
LADDSESS			6.3 ST	REET ADDRES	ss				
					1				

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.