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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000088117**1. Corporation Name

BRUCE A. BOYD, M.D., P.A.

Principal Place of Business .	Mailing Address		£ (MB)(MB) and (MB)) (MB)() MB)() MB)() MB)() ##(m) / Mb)) (B) B) { B
1544 BERRYHILL RD.	1544 BERRYHILL RD.			
MILTON FL 32570	MILTON FL 32570		DO NOT WESTERN THE SE	NACE
			DO NOT WRITE IN THIS SE	ACE
			3. Date Incorporated or Qualifed	
•			10/13/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21			<u>59-3472416</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		A	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intang	
24 25	29 3	0	1 Ciscilai 1 (operty 1 asc	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ag	ent
		81 Name	D CARV	İ
WALKER, GARY		82 Street Add	R GARY dress (P.O. Box Number is Not Acceptable)	
101 E. KENNEDY BLVD., STE. 4100		ONE TA	dress (P.O. Box Number is Not Acceptable) AMPA CITY CENTER BLDG., STE.	
TAMPA FL 33602		83		
		04 00		85 Zip Code
		84 City TAMPA	FL ľ	85 Zip Code 33601
11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	t Florida. Such change was aut	norized by the corporal	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	nent as registered
-				
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signature requi	ired when reinstating) DATE	
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE: R	tegistered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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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 acquire 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 copporation or the receiver of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition