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Secretary of State

03-03-1999 90034 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090332

1. Corporation Name

DAVID P. BROWN CRNA, P.A.

Principal Place of Business

**649 CAPTAIN KATE CT
NAPLES FL 34110**

Mailing Address

**649 CAPTAIN KATE CT
NAPLES FL 34110**

*P.O. Box 550667
Jacksonville, FL 32255*

2. Principal Place of Business

21 2466 Bluffton Dr. West

2a. Mailing Address

26 P. O. Box 550667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

Country

24 32224 25 Duval

Zip

Country

29 32255 30 Duval

9. Name and Address of Current Registered Agent

**BROWN, DAVID P
649 CAPTAIN KATE CT
NAPLES FL 34110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

59-3472714

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2466 Bluffton Dr., West

83

84 City

Jacksonville,

FL

85 Zip Code
32224

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

David P. Brown, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 021099

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BROWN, DAVID D**
STREET ADDRESS **649 CAPTIN KATE CT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VP** ☐ DELETE

NAME **VIGNETTI, VIVIAN**
STREET ADDRESS **649 CAPTIN KATE CT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 **P O Box 550667**
1.4 CITY-ST-ZIP **Jacksonville, FL 32255**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **P O Box 550667**
2.4 CITY-ST-ZIP **Jacksonville, FL 32255**

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: **X David P. Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 021099
Date

X 904849326
Daytime Phone #

CR2E034 (11/98)