

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000097825

1. Corporation Name  
DR. BARBARA L. SCHWARTZ, PA.

Principal Place of Business

6197 HALF MOON DRIVE  
DAYTONA BEACH FL 32127

Mailing Address

6197 HALF MOON DRIVE  
DAYTONA BEACH FL 32127

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:48



DO NOT WRITE IN THIS SPACE

|  |  |                     |  |
|--|--|---------------------|--|
| 2. Principal Place of Business                                       |  | 2a. Mailing Address |  |
| 21. 2289 Nectar Way  |  | 26. 2289 Nectar Way |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |
| 22. City & State   |  | 27. City & State    |  |
| 23. Oriedo, FL   |  | 28. Oriedo FL       |  |
| Zip  |  | Zip                 |  |
| 24. 32765-6190   |  | 29. 32765-6190      |  |
| Country  |  | Country             |  |
| 25. USA  |  | 30. USA             |  |
| 9. Name and Address of Current Registered Agent                      |  |                     |  |
| ROCKETT, PAMELA J CPA<br>1184 PELICIER COURT<br>PORT ORANGE FL 32119 |  |                     |  |
| 10. Name and Address of New Registered Agent                         |  |                     |  |
| 81. Name   |  |                     |  |
| 82. Street Address (P.O. Box Number is Not Acceptable)               |  |                     |  |
| 83. 900003038489--6  |  |                     |  |
| 84. City   |  |                     |  |
| 11/08/99 0112-009<br>****150.00 ****150.00                           |  |                     |  |

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

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                      | P                    | 1.1 TITLE   | Change Addition       |
| NAME                       | SCHWARTZ, BARBARA L  | 1.2 NAME  |                       |
| STREET ADDRESS             | 6197 HALF MOON DRIVE | 1.3 STREET ADDRESS                                    | 2289 Nectar Way       |
| CITY-ST-ZIP                | PORT ORANGE FL 32127 | 1.4 CITY-ST-ZIP                                       | Oriedo, FL 32765-6190 |
| TITLE                      |                      | 2.1 TITLE   | Change Addition       |
| NAME                       |                      | 2.2 NAME  |                       |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                      | 3.1 TITLE   | Change Addition       |
| NAME                       |                      | 3.2 NAME  |                       |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                      | 4.1 TITLE   | Change Addition       |
| NAME                       |                      | 4.2 NAME  |                       |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                      | 5.1 TITLE   | Change Addition       |
| NAME                       |                      | 5.2 NAME  |                       |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                      | 6.1 TITLE   | Change Addition       |
| NAME                       |                      | 6.2 NAME  |                       |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 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:

Barbara Schwartz

9/15/99 (407) 644-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**Pamela J. Rockett, CPA  
1184 Pellicier Court  
Port Orange, FL 32119  
(904)760-0610**

October 25, 1999

Fl Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

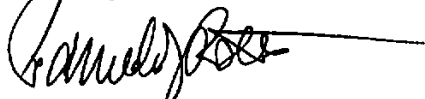
Re: Dr. Barbara Schwartz, PA.  
P97000097825

Dear Sirs:

Enclosed (again) is the Corporate Annual Report for Dr. Barbara L. Schwartz, PA and a check for \$150.00. I am asking again the \$150 check be accepted as payment for the year. The original Corporate Annual Report was late arriving at her place of business because the corporate office moved late 1998. The report arrived late enough that the return would have been late even it had been mailed immediately and unfortunately it was further delayed due to missing tax documentation.

I would like to thank you in advance for your anticipated cooperation and compassion. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Pamela J. Rockett', with a long horizontal line extending to the right.

Pamela J. Rockett, CPA

Fax (904) 304-1070