Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

□No

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

**PROFIT** CORPORATION ANNUAL REPORT

125 MINGO TRAIL



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90099 007 \*\*\*150.00

1. Corporation	MEN   # P970( NUTO CLINIC, INC.	00101208			
Principal Place of Business Mailing Addres			3		I (Baite di tià ièti: lacit aetti eatti èti
125 MINGO TRA LONGWOOD FL		125 MINGO TRAIL LONGWOOD FL 32750-5198			DO NOT WRITE II
					3. Date Incorporated or Qualifed 11/26/1997
2. Principal Pl	ace of Business	2a. Mailing Addr	ress		4. FEI Number APPLIED FOR 59-350
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution
Zip	Country 25	Zip <b>29</b>	Coun 30	try	This corporation owes the current y     Personal Property Tax.
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regis
	EY, MAURICE K SR			81 82	Name Street Address (P.O. Box Number is Not Acceptable)

|--|

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

APPLIED FOR 59-3506734

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

TITLE   D	LONGWOOD FL 32750-5198		83							
office or registered agent, or both, in the State of Honda, Such change was authorized by the corporation's board of unectors. Thereby accept the application as registered agent, or both, in the State of Honda, Such change was authorized by the corporation's board of unectors. Thereby accept the application agent, and accept the obligations of, Section 607, 505, Priord's Statutes.    SIGNATURE   Signature, hybrid or printed name of registered agent and title if apolication.					=					
12.   OFFICERS AND DIRECTORS   1.3.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 ITTLE   DAILEY, MAURICE K SR   1.2 NAME   1.2 STREET ADDRESS   1.2 TITLE   DAILEY, MAURICE K SR   1.3 STREET ADDRESS   1.4 CITY, ST. ZIP   DELETE   2.1 ITTLE   DAILEY, MAY ANN   1.5 STREET ADDRESS   1.2 STREET ADDRESS   1.4 CITY, ST. ZIP   DELETE   3.1 ITTLE   DELETE   3.1 ITTLE   DELETE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY, ST. ZIP   DELETE   4.1 ITTLE   DELETE   4.1 ITTL	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									
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
STREET ADDRESS   125 MINGO TRAIL   13 STREET ADDRESS   125 MINGO TRAIL   13 STREET ADDRESS   125 MINGO TRAIL   13 STREET ADDRESS   14 CITY-ST-ZP	12.	OFFICERS AND DIRECTORS	13.		ADDITION	NS/CHANGES TO O	FFICERS AN			
125 MINGO TRAIL	TITLE	D DELETE	1.1 TITLE					☐ Ch	ange	☐ Addition
CITY-ST-ZIP	NAME	BAILEY, MAURICE K SR	1.2 NAME							
DELETE   D	STREET ADDRESS	125 MINGO TRAIL	1.3 STREE	TADDR	ESS					
SAILEY, MARY ANN	CITY-ST-ZIP	LONGWOOD FL 32750-5198	1.4 CITY-S	T-ZIP						
125 MINGO TRAIL   23 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	D DELETE	2.1 TITLE					☐ Ch	ange	Addition
CITY_ST_ZIP	NAME	BAILEY, MARY ANN	2.2 NAME							
TITLE	STREET ADDRESS	125 MINGO TRAIL	2.3 STREE	T ADDR	ESS					
NAME	CITY-ST-ZIP	LONGWOOD FL 32750-5198	2. 4 CITY-5	ST-ZIP						
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	☐ DELETE	3.1 TITLE				, ,-	-[-] Ch	ange	☐ Addition
STREET ADDRESS   STRE	NAME		32 NAME							
DELETE	STREET ADDRESS		3.3 STREE	T ADDR	RESS					
NAME  NAME  \$1 2 NAME  \$1 2 NAME  \$1 3 STREET ADDRESS  \$1 3 STREET ADDRESS  \$1 TITLE  NAME  \$1 TITLE  NAME  \$1 TITLE  \$1 TITLE  \$1 TITLE  \$2 NAME  \$5 NAME  \$6 NAME	CITY-ST-ZIP		3.4. CITY-5	ST-ZIP						
STREET ADDRESS  CITY-ST-ZIP  4.4 CITY-ST-ZIP  TITLE	TITLE	☐ DELETE-	4,1 TITLE					□ Ct	ange	☐ Addition
A4 CITY-ST-ZIP	NAME		4. 2 NAME							
DELETE   DELETE   S.1 TITLE   Change   Addition	STREET ADDRESS		4 3 STREE	T ADDF	RESS					
NAME	CITY-ST-ZIP		4.4 CITY-5	ST-ZIP						
STREET ADDRESS	TITLE	☐ DELETE	5.1 TITLE					CH	ange	Addition
5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP	NAME		5.2 NAME							
DELETE   DELETE   6.1 TITLE   Change   Addition	STREET ADDRESS		5.3 STREE	TADDF	RESS					
NAME  STREET ADDRESS  CITY- ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP	CITY-ST-ZIP			ST-ZiP						
STREET ADDRESS  6.3 STREET ADDRESS  CITY- ST-ZIP  6.4 CITY- ST-ZIP	TITLE	☐ DELETE	6.1 TITLE				:	□ CH	ange	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME		6.2 NAME				• .			
CITY-ST-ZIP	STREET ADDRESS		6.3 STREE	T ADDF	RESS		. '			
14 Library with the information symptical with this filing does not symptic for the exemption stated in Section 119 07/3Vi). Florida Statutes, Lighther certify that the information										

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 informatindicated 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: 2/1/4