## 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 # P97000103391 1. Corporation Name

MARILYN A. WAHE, M.D., P.A.

Dringing Blace of Business

Mailing Address

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

02-22-1999 90093 015 \*\*\*150.00



Principal Place of Gusiness	Walling Address						
201 EIGHTH AVE., SOUTH, STE. 201 201 EIGHTH AVE., SOUTH, STE. 2 NAPLES FL 34102 NAPLES FL 34102		. 201					
THE LEG TE STICE			DO NOT WRITE IN THIS SPACE				
•			~	3. Date Incorporated or Qualifed			
		1		12/08/1997			. {
<u> </u>	On Maritime Address			4. FEI Number		Appli	ed For
2. Principal Place of Business ST S	2a. Mailing Address	CAT	SOUTH	.	⊢		
21 SOI EIGHTH -1 -7	001H 26 201 E16-HTH	<u> 51</u>	, 2001H	59-3479219			pplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			>5. Certifcate of Status Desired □	T	<b>5</b> Add Requ	ditional ired
City & State	City & State	<del>-</del>		6. Election Campaign Financing	\$5.	00 ма	av Ro
23 NAPLES FL	28 NARTES 4	_ا م		Trust Fund Contribution	<b>.</b>	ed to F	, ,
Zip Country Zip Country				8. This corporation owes the current year Inta	ngible		
24 3410 2 25 Coll18	~ 29 34102 30	COL	116~	Personal Property Tax.	Yes		No
9. Name and Address of Current Registered Agent			,	10. Name and Address of New Registered A	gent		
	<u> </u>	81	Name				
WAHE, MARILYN A							
201 EIGHTH AVE., SOUTH, STE. 201			Street Addr	ess (P.O. Box Number is Not Acceptable)			
NAPLES FL 34102				<u> </u>			
INACELOTE OF INE		83					}
		84	City	FL	85 2	Zip Coo	de
					بلل		
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							
Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  UATE  UATE							
`12. OFFICE		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE PST	☐ DELETE	1.1 TITLE			Char	ige	Addition
NAME WAHE, MARILYN A 1.2 N		1.2 NAME					
STREET ADDRESS 201 EIGHTH AVE., SOUTH, STE. 201			ADDRESS				ľ

NAPLES FL 34102 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE ΠΠE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

SIGNING OFFICER OR DIRECTOR