## 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 # P97000106153

J. ROGER DEMOSTHENES, M.D., P.A.

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90076 019 \*\*\*150.00



Principal Place of Business		Mailing Address			•
317 WEST FIFTH STREET LAKELAND FL 33805		317 WEST FIFTH STREET LAKELAND FL 33805			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/16/1997
2. Principal Place of Business 2a. Mailing Add			is		4. FEI Number Applied For
21		26			59-3487569 Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired  5. Certificate of Status Desired
22		27			5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible
24	25	29 3	10		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		т	10. Name and Address of New Registered Agent
DEM	OSTHENES, J R M.D.		8	l Nam	ne
317 WEST FIFTH STREET			8:	Stree	et Address (P.O. Box Number is Not Acceptable)
	ELAND FL 33805		8:	;	<u> </u>
	•		_	1 05	85   Zip Code
	•		84		FL
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					ure required when reinstating) DATE
40	Signature, typed or printed name of registered agent		13.	ent signatur	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		Change Addition
TITLE	DEMOSTHENES, M.D. J		1.2 NAME		
NAME	317 W FIFTH ST			ET ADDRES	ree
STREET ADDRESS	LAKELAND FL 33805		1		
CITY-ST-ZIP	DAKEDAND FL 33003	DELETE	1.4 CITY - 2.1 TITLE		Change Addition
TITLE	·	C' pere le	2.2 NAME		
NAME			1		
STREET ADDRESS	ي <u> </u>			ET ADORES	33)
CITY-ST-ZIP	-	☐ DELETE	2.4 CITY- 3.1 TITLE		☐ Change ☐ Addition
TITLE	· ·	C. DELETE	3.2 NAME		
NAME			1	ET ADDRES	225
STREET ADDRESS	· ·	•	3.4. C/TY-		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRES	· ·
			4.4 CITY-		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	-	Change Addition
NAME	1		5.2 NAME		
STREET ADORESS			5.3 STRE	ET ADDRES	ss
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STRE	ET ADDRES	ess
GIREE I ADDRESS			1		

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 changes for on an attachment with an address, with all other like empowered.

SIGNATURE: