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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90141 043 ***150.00

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1. Corporation Name

ALAN GI	umer M.D. P.A.								
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Principal Place	e of Business	Mailing Address) (46)(46) (10 16)8) (3)() 65() 61	'(1) 06 1/(8810 (fillig tier rent
6635 WEST CO	DMMERCIAL BLVD.	6635 WEST COMMERCIAL	BLVD.						
#117 #117				DO NOT WRITE IN THIS SPACE					
TAMARAC FL 3	3319	TAMARAC FL 33319			-	3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
	•					02/18/1998			
2 Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number		Apr	lied For
<u> </u>	lace of Dusiliess	26				65-08/3892	/	<u> </u>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22	· -	27			-	5. Certificate of Status Desired		Fee Req	quired -
City & State	e	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	ent year In	tangible	⊷ ∆.
24	25		30			Personal Property Tax.			⊠ (ho
	9. Name and Address of Currer	it Registered Agent		1 Name		10. Name and Address of New I	tegistered	Agent	
GUM	MER, ALAN	•	Ľ						
	WEST COMMERCIAL BLVD.		٤	2 Street	Address	(P.O. Box Number is Not Accept	able)		
#117			5	3					
	ARAC FL 33319		Ľ						
			8	4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508. Florida Statute	es, the abo	ve-named	согрога	tion submits this statement for the	purpose of	changing its r	egistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autions of Section 607 0505. Flor	uthorized b	y the corpo	oration's	s board of directors. I hereby acce	ot the appo	intment as reg	istered
i -	in laminal with, and accept the conge	10013 01, 0000011 007.0000, 1 101	io otato		,				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A	ent signature r	required wh		DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12
TITLE					777			the Channel	
	< PD	☐ DELETE	1.1 TITE		1/5	10		Change	Addition
NAME	GUMER, ALAN	_	1.2 NAM	E	P/s	10		Change	
STREET ADDRESS	GUMER, ALAN 6635 WEST COMMERCIAL BLV	_	1.2 NAM 1.3 STR	E EET ADDRESS	P/5	10		Change	
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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 changes for in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GUHER