04271999-90163-039-$150.00-$150.00

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90163 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000020276**

1. Corporation Name
DONNA L. BLAIR LCSW, P.A.

Principal Place of Business	Mailing Address
221 DUNE DRIVE SANTA ROSA BEACH FL 32459	PO BOX 1642 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1998

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3509929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAIR, DONNA L
221 DUNE DRIVE
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNA L. BLAIR	1.2 NAME	
STREET ADDRESS	221 DUNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBIN MOORE	2.2 NAME	
STREET ADDRESS	1006 W. BARTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MEMPHIS, ARK 72301	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SUSAN OTT	3.2 NAME	
STREET ADDRESS	605 RIVER CHASE POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30328	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AMARYLLIS PRICE	4.2 NAME	
STREET ADDRESS	12213 MILLSTREAM DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOWIE, MD 20715	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY GREGORY	5.2 NAME	
STREET ADDRESS	5804 NICHOLSON LANE #512	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. BETHESDA, MD. 20852	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Donna L. Blair 4/24/99 (850) 267-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #