

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90073 017 ***150.00

DOCUMENT # P98000023091

1. Corporation Name
JOHN J. PARKER, MD, P.A.

Principal Place of Business

10 TENTH STREET
UNIT 18
ATLANTIC BEACH FL 32233

Mailing Address

10 TENTH STREET
UNIT 18
ATLANTIC BEACH FL 32233



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

59-3502532

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

2. Principal Place of Business

P.O. Box 510014

2a. Mailing Address

P.O. Box 510014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip Country

32951-0014 25

Zip

32951-0014 30

9. Name and Address of Current Registered Agent

PARKER, JOHN J MD
10 TENTH STREET
UNIT 18
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name

John J. Parker, MD

82 Street Address (P.O. Box Number is Not Acceptable)

2005 Atlantic Street, #422

83

84 City

Melbourne Beach, FL

85

Zip Code

32951

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARKER, JOHN J MD
STREET ADDRESS 10 TENTH STREET, UNIT 18
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME John J. Parker, MD
1.3 STREET ADDRESS 2005 Atlantic Street, #422
1.4 CITY-ST-ZIP Melbourne Beach, FL 32951

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: