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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90273 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000026849**

1. Corporation Name

ATWOOD NEUROSPINAL CLINIC, P.A.

Principal Place of Business

**550 E. NEW MARKET RD.
IMMOKALEE FL 34142**

Mailing Address

**550 E. NEW MARKET RD.
IMMOKALEE FL 34142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

65-0819044

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

21 1218 N. 15th St

Suite, Apt. #, etc.

22 Engel Plaza

City & State

23 Immokalee, FL

Zip

24 34142

Country

25 Allier

2a. Mailing Address

26 P.O. Box 1221

Suite, Apt. #, etc.

27

City & State

28 Immokalee, FL

Zip

29 34142

Country

30 Allier

9. Name and Address of Current Registered Agent

**ATWOOD, MICHAEL S
3787 WINKLER AVE., EXT. #316
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

81 Name

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

3713 Winkler Ext. #1525

83

84 City

Fort Myers

FL

85 Zip Code

33916

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
ATWOOD, MICHAEL S
3787 WINKLER AVE. EXT. #316
FT. MYERS FL 33916**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 657-2144

CR2E034 (11/98)