

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90004 049 ***150.00

DOCUMENT # **P98000046878**

1. Corporation Name

THE HOUSE DOCTOR OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

**4411 BEE RIDGE RD., #391
SARASOTA FL 34233**

**4411 BEE RIDGE RD., #391
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

65-0836137

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.

☒ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.
PMB #391
2 City & State
3 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
PMB #391
27 City & State
28 Zip

29 Country

9. Name and Address of Current Registered Agent

**WILLIE, ROGER L
4411 BEE RIDGE RD., #391
SARASOTA FL 34233**

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

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 **WILLIE, ROGER L**
STREET ADDRESS **4411 BEE RIDGE RD., #391**
CITY-STATE-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE
NAME **WILLIE, ELAINE A**
STREET ADDRESS **4411 BEE RIDGE RD., #391**
CITY-STATE-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4411 BEE RIDGE RD., PMB #391**
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4411 BEE RIDGE RD., PMB #391**
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

586921-90004-49
P98000046878

7/2/99

Dear Sirs,

We are enclosing a check for our first year of Corporation fee. We received a second notice but never received the first one. We apologize for the delay, but had no idea we had to file this once a year, & with no first notice we had no idea it was due. Please delete the late filing fee. We are so new at this. We will greatly appreciate your consideration on this matter.

Next year we will be more aware of the things we need to do, to keep our account in good standing. Thank you very much.

Mr & Mrs Roger Willb.

P.S. The post office had us change address from #391 to PMB #391 please note. This made why we did not receive the first notice.