

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).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90006 040 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000061257

1. Corporation Name

FLORIDA MEDICAL SPECIALISTS, INC.

Principal Place of Business
**5741 BEE RIDGE ROAD SUITE 450
SARASOTA FL 34233**

Mailing Address
**5741 BEE RIDGE ROAD SUITE 450
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0849117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

NO

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

NO

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

**ELSBREE, SCOTT B MD
5741 BEE RIDGE ROAD SUITE 450
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 **DIRECTORS** ☐ DELETE

NAME **Scott B Elsbrree MD**
STREET ADDRESS **5741 Bee Ridge Rd #450**
CITY-ST-ZIP **Sarasota FL 34233**

TITLE **DIRECTORS** ☐ DELETE

NAME **Paul Chmielewski MD**
STREET ADDRESS **5741 Bee Ridge Rd #450**
CITY-ST-ZIP **Sarasota FL 34233**

TITLE **DIRECTORS** ☐ DELETE

NAME **Robert S Schuelman MD**
STREET ADDRESS **5741 Bee Ridge Rd #450**
CITY-ST-ZIP **Sarasota FL 34233**

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

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)(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: **X**

SIGNATURE: SCOTT B. ELSBREE

9/10/99 (941)379-8481

CR2E034 (5/99)

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