

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90071 017 \*\*\*158.75

**DOCUMENT # P98000067611**

1. Corporation Name

**E. WILLIAM MCGRATH, JR., M.D., P.A.**

Principal Place of Business

**1525 LIME STREET  
FERNANDINA BEACH FL 32034**

Mailing Address

**1525 LIME STREET  
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1998**

4. FEI Number

**59-3527370**

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 1411 SOUTH 14TH STREET**

Suite, Apt. #, etc.

**22 SUITE D**

City & State

**23 FERNANDINA BEACH, FL**

Zip

**24 32034**

Country

**25 USA**

2a. Mailing Address

**26 1411 SOUTH 14TH STREET**

Suite, Apt. #, etc.

**27 SUITE D**

City & State

**28 FERNANDINA BEACH, FL**

Zip

**29 32034**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**E. WILLIAM MCGRATH, JR., M.D.  
1525 LIME STREET  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

**E. WILLIAM MCGRATH, JR., M.D.**

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

**1411 SOUTH 14TH STREET, SUITE D**

83

84 City

**FERNANDINA BEACH**

FL

85 Zip Code

**32034**

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

*E. William McGrath, Jr., M.D.*  
Signature, typed or printed name of registered agent and time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **E. WILLIAM MCGRATH, JR., M.D.**  
STREET ADDRESS **1525 LIME STREET**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **1411 SOUTH 14TH STREET, SUITE D**  
1.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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:

*E. William McGrath, Jr., M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-29-99**

Daytime Phone #

**904-321-0064**

CR2E034 (1/198)