

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90020 016 ***150.00

DOCUMENT # P98000068159

1. Corporation Name

ROBERT L. WERTZ, D.C., P.A.

Principal Place of Business

**4748 N. CONGRESS AVENUE
SUITE 102
BOYNTON BEACH FL 33462**

Mailing Address

**4748 N. CONGRESS AVENUE
SUITE 102
BOYNTON BEACH FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number
65-0855153

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 1814 N. Federal Highway

2a. Mailing Address

26 1814 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Worth, Florida

City & State

28 Lake Worth, Florida

Zip Country

24 33460

25 USA

Zip Country

29 33460

30 USA

9. Name and Address of Current Registered Agent

**BEER, JERALD S ESQ.
515 N. FLAGLER DRIVE
SUITE 1800
WEST PALM BEACH FL 33401**

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 ☐ 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

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 **P Robert L. Wertz**

1.3 STREET ADDRESS **1814 N. Federal Highway**

1.4 CITY-ST-ZIP **Lake Worth, Florida 33460**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **T Robert L. Wertz**

2.3 STREET ADDRESS **1814 N. Federal Highway**

2.4 CITY-ST-ZIP **Lake Worth, Florida 33460**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S Robert L. Wertz**

3.3 STREET ADDRESS **1814 N. Federal Highway**

3.4 CITY-ST-ZIP **Lake Worth, Florida 33460**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D Robert L. Wertz**

4.3 STREET ADDRESS **1814 N. Federal Highway**

4.4 CITY-ST-ZIP **Lake Worth, Florida 33460**

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:

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

Date

Daytime Phone #

4/4/99

(561) 586-1920

0353675

CR2F034 (11/98)