**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000076228

Corporation Name

DRIVATER OF THE PARTY ASSOCIATES OF DA

		ES, O.D., P.A.							
Principal Plac	e of Business	Mailing Address				i inducati alfa retat catta batta masta antica matra (a			
4006 S TAMIAN	M! TRAIL	4008 S TAMIAMI TRAIL							
SARASOTA FL 34231 SARASOTA FL 34231			•			DO NOT WRITE IN THIS	SPACE	_	
						3. Date incorporated or Qualifed			I
						08/28/1998			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	ساسا	Applied For	:
21		26	_			65-0869124		Not Applicable	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			_ 5Certificate of Status Desired		5 Additional . Required	
22		27 City & State				C Cleating Councilon Financing		O May Be	
City & Stat	t <del>a</del>	City & State				6. Election Campaign Financing Trust Fund Contribution		ed to Fees	 <del> </del>
23 Zip	Country	Zip	Cou	untry		B. This corporation owes the current year Inta	ngible		
24	25	29	30	-		Personal Property Tax.	☐ Yes	<b>X</b> (No	
<del>47</del>	9. Name and Address of Curren					10. Name and Address of New Registered A	\gent_		
,				81	Name				
	INE, LAURA			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		$\overline{}$	
	6 S TAMIAMI TRAIL								,
SAR	IASOTA FL 34231			83					· ·
				84	City		85 Z	p Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statute						FL   "			,
office of i	to the provisions of Sections 607.050 registered agent, or both, in the State am famillar with, and accept the obliga	of Florida, Such change was at	uthorized	d by t	he corporation	on's board of directors. I hereby accept the appoint	tment as	registered	i
ageni. La		goris or, Section cos. casos, Flor	nda Stat	tutes.				}	
SIGNATURE						id when reinstaking) DATE			á
SIGNATURE	Signature, typed or printed name of registered ager			d Agent			D DIREC	TORS IN 12	1/98)
ł	Signature, typed or printed name of registered ager	n and title if applicable. (NOTE:	Registered	d Agent		id when reinstalling) DATE		TORS IN 12	(11/0A)
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AN	n and title if applicable. (NOTE:	Registered	d Agent		id when reinstalling) DATE	D DIREC	TORS IN 12	134-(11/08)
SIGNATURE 12.	Signature, typed or printed name of registrated ages OFFICERS AN OPTO METRIST DR. LAURA CLUNE 4006 S. TANNIAMI	IT and title if applicable. (NOTE:  ID DIRECTORS  DELETE	13. 1.1 TI 1.2 N	d Agent		id when reinstalling) DATE	D DIREC	TORS IN 12	DEN24-(11/08)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information indicated on this ennual 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.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90026 022 \*\*\*150.00