**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

<ol> <li>Corporation</li> </ol>	D T. TREVETT, M.D., P.A.	080352		1 1861 BANK 1961 1961 1861 1861 1861 1861 1861 1861
Principal Plac	e of Business	Mailing Address		1 IBGITER I IS JEIGH FEITL DEITL GEFRI GEHT 22121 AGIAR IVEL EINE BING 1101
1095 HIDEN HARBOR LANE 1095 HIDEN HARBOR LANE KISSIMMEE FL 34746 KISSIMMEE FL 34746			,	
				DO NOT WRITE IN THIS SPACE
				3, Date Incorporated or Qualifed 09/14/1998
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
		28		59-3532987 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fee Required
City & Stat	8	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year intangible Personal Property Tax  Decrease International I
14	[25]		30	Personal Property Tax. DRYes LINO  10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Marite and Address of New Indicated Agent
TRE	VETT, MILDRED T			
1095 HIDEN HARBOR LANE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34748			83	
1300	Numer if our so		"	
			84 City	FL 85 Zip Code
				FL [
agent. I a	im familiar with, and accept the obligation of registered age		ida Statutes.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered at when reinstance)  Out 6
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	TREVETT, MILDRED T		12 NAME	
STREET ADDRESS	1095 HIDEN HARBOR LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CTY-ST-ZIP	
TITLE		☐ DÉLETE	2.1 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	<del></del>	DELETE	3.1 mlE	Change Addition
NAME	Í	•	3.2 NAME	
STREET ADDRESS	·	<u> </u>	33 STREET ADDRESS	<u></u>
CITY-ST-ZIP			3.4, CITY-8T-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4,2 NAME	
STREET ADDRESS	,		4.3 STREET ADDRESS '	
CITY-ST-ZIP	l		4.4 CITY-ST-ZIP	
TITLE	<u> </u>	☐ DELETE	ត្ ππ <b>ε</b>	- Change Addition
NAME	[		52 NAME	
STREET ADDRESS	}		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TIME		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	1		62 NAME	

14. Thereby 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 semia logal 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 23, 1999 8:00 am Secretary of State 03-23-1999 90034 040 \*\*\*150.00