

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085552

1. Corporation Name
VANCE J. MALONEY III, M.D., P.A.



Principal Place of Business 650 N. WYMORE ROAD SUITE 103 WINTER PARK FL 32789	Mailing Address 200 EAST ROBINSON STREET STE 500 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1998

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. 650 N. Wymore Rd.
23. City & State	27. Suite 103
24. Zip	28. Winter Park, Fl.
25. Country	29. 32789
30. Country	

4. FEI Number 59-3535393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	Vance J. Maloney III MD
82 Street Address (P.O. Box Number is Not Acceptable)	650 N. Wymore Rd.
83	Suite 103
84 City	Winter Park, FL
85 Zip Code	32789

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 **Vance J. Maloney III MD** DATE **4/24/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONEY, VANCE J III	
STREET ADDRESS	650 N. WYMORE ROAD SUITE 103	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charlene Maloney	
2.3 STREET ADDRESS	650 N. Wymore Road, Suite 103	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Vance J. Maloney III MD** DATE **4/24/99** DAYTIME PHONE # **407-647-7126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)