**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000087122 1, Corporation Name

MACCLENNY PEDIATRICS, P.A.

**FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90016 029 \*\*\*150.00

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28 WEST MACCLENNY AVENUE 28 WEST MACCLENNY AVENU											
SUITE 4 SUITE 4							DO NOT WORK IN THE	DDAOC			
MACCLENNY FL 32063 MACCLENNY FL 32063							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
O Discinct Disco of Durings							10/09/1998 4. FEI Number	- I An	lied For	┥	
2. Principal Place of Business 2a. Mailing Address							59-3537699	<del>                                      </del>	Applicable	┨	
26     Suite, Apt, #, etc.   Suite, Apt. #, etc.							<u> </u>	\$8.75 A		┨	
							5. Certificate of Status Desired	Fee Red		1	
22											
	.0	<b>⊢</b> '	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 = ~ Zip = -	Country.		Zip= Country								
24	25 29 30						-8. This corporation owes the current year intengible Personal Property Tax.			-	
24	9. Name and Address of Curren	_ <del></del>	130	T			10. Name and Address of New Registered			1	
[	5. Halite and Address of Childre	it itagistores rigerit		81	Name		10. 110.110 0110 1110			1	
HUT	CHENS, JR., JAMES G CPA									1	
106 CANAL BOULEVARD				82 Street Addre			s (P.O. Box Number is Not Acceptable)			ł	
PONTE VEDRA FL 32082				83						1	
1										j	
(				84	City		FI	85 Zip C	ode		
44 Burnings	to the provisions of Sections 607 0507	2 and 607 1508 Florida Sta	hitas Iba s	- L	named	COFFICE		changing its r	enistered	1	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corp	oration's	tion submits this statement for the purpose of s board of directors. I hereby accept the appoin	tment as reg	istered	{	
agent. Ja	m familiar with, and accept the obligat	tions of, Section 607,0505, I	Florida Stat	utes.							
SIGNATURE	Signature, typed or printed name of registered agen	d and title of a problemble. (Bid	YE. Carrietan	4 4			non reinstaling) DATE			1	
12.		D DIRECTORS	13.		· ·	POOLEG IN	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	CR2E034 (11/98)	
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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(3)(i), Florida Statutes, i further cartify 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 13 or Block 13 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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