

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
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90008 001 ***550.00

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1. Corporation Name

LIEN & LU, M.D.'S, P.A.

Principal Place of Business

3319 WESTCOTT DRIVE
PALM HARBOR FL 34684

Mailing Address

3319 WESTCOTT DRIVE
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3545113

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

2a. Mailing Address

21 10133 Cortez Blvd.

26 10133 Cortez Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brooksville, FL

28 Brooksville, FL

Zip Country

Zip Country

24 34613

25 USA

29 34613

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. ARNOLD, JACK R
1370 PINEHURST ROAD
DUNEDIN FL 34698

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LU, MELVIN C

STREET ADDRESS 3319 WESTCOTT DRIVE

CITY-ST-ZIP PALM HARBOR FL 34684

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Lu, Melvin C.

1.3 STREET ADDRESS 6020 Seaside Dr.

1.4 CITY-ST-ZIP Newport Richey, FL 34613

TITLE D ☐ DELETE

NAME LIEN, MARY H

STREET ADDRESS 3319 WESTCOTT DRIVE

CITY-ST-ZIP PALM HARBOR FL 34684

2.1 TITLE S/T/D ☒ Change ☐ Addition

2.2 NAME Lien, Mary H.

2.3 STREET ADDRESS 6020 Seaside Dr.

2.4 CITY-ST-ZIP Newport Richey, FL 34613

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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]* E REQUIRED. Lu

8/29/1999

352-576-4401

CR2E034 (11/98)