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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**

DOCUMENT # \$21316

LYNN A. SCHEEL, M.D., P.A.

Principal Place of Business Mailing Address													
1701 SE HILLMOOR DR. 1701 SE HILLMOOR DR.													
SUITE 19 SUITE 19							DO NOT V	VRITE IN	THIS :	SPACE			
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 US US						3 Date In	ncorporated or Quali						
US US							4/1990	100				ļ	
Principal Place of Business 2a. Mailing Address						4. FEI NL					Annli	ed For	
							236612			<u> </u>		Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						05 02	2300 12			\$8.7			
——————————————————————————————————————						5. Certifo	ate of Status Desire	d 🗆			Requ		
22 27 City & State City & State						6 Flection	n Campaign Financ	ing		\$5.0	п	av Re	
<u> </u>							Fund Contribution	"" ⁹ 🗆			ed to		
			Coun				orporation owes the	current ve	ar Inta	naible			
24	25 29 30			•			nal Property Tax.			Yes	Ε]No ↓	
24	9. Name and Address of Current		7				and Address of Ne	w Regist	ered A	gent			
-	v. Hullo bila Addi ops of Collons		<u> </u>	B1	Name				•				
SCHEEL, LYNN A													
1700 S.E. HILLMOOR DRIVE				82	Street Ad	idress (P.O. Bo)	Number is Not Acc	eptable)					
STE.	-		-	83	<u> </u>								
PORT ST. LUCIE FL 34952				-					. :				
,			- [84	City				FI	85 Z	ip Co	de	
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 Standilize Need or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
	Signature, typed or printed name of registered agent		Registered /	\gent	t signature requ		ONS/CHANGES TO			D DIREC	TOR	S IN 12	
12.	OFFICERS AND	DELETE	1,1 TITL	_		ADDITI	ONS/OTANGES TO	OFFICE		Chan		Addition	
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NAME	SCHEEL, LYNN A.		1.2 NAM									1	
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TITLE		☐ DELETE	6.1 TIT							Chan	ge	Addition	
NAME	`		6.2 NAI		1							}	
1	1		■ 63 ST	REET	ADDRESS							ì	

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 stanture 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 annual report as required by Chapter 607, Florida Statutes; and that my name annual report as required by Chapter 607, Florida Statutes.

SIGNATURE:

STREET ADDRESS