Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90046 040 ***150.00

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 # S24521

1. Corporation Name

BATES & TRUCHELUT, M.D., P.A.

Principal Place	of Business		М	lailing Address								
1925 MIZELL AV	/E. ·		19	25 MIZELL AVE.								
SUITE 302				SUITE 302				DO NOT WRITE IN THIS SPACE				
WINTER PARK FL 32792			AAI	WINTER PARK FL 32792				3. Date Incorporated or Qualifed				
								01/11/1991			İ	
2 Principal Pla	lace of Business		2a	, Mailing Address				4, FEI Number	_	Ap	plied For	
21				26				59-3047042		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	9		Additional	
22			27					3. Certificate of Status Desired		Fee Re	equired	
City & State				City & State			~ .	6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution		Added	rees	
Zip	_	Country		Zip I	$\overline{}$	intry		This corporation owes the current y Personal Property Tax.		Yes	□No	
24	25	d Address of Current	29	stored Agent	30	1		10. Name and Address of New Regis				
	9. Name an	d Address of Current	r Keği:	stered Agent		81	Name	TO. Harris and Alexander Control Hegin				
GERS	SHOW, ELLEN	IR.										
203 NE 1ST ST.				82			Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE FL 32601								Access to the second se				
								<u></u>		e 7:n	Code	
						84	City		FL	5 Zip	Code	
11. Pursuant 1	to the provision	s of Sections 607.0502	2 and 6	607.1508, Florida Statut	es, the a	bove	-named corpo	oration submits this statement for the purp	ose of cha	nging its	registered	
office or re	egistered agent	, or both, in the State (of Flori	ida. Such change was a f. Section 607.0505. Flo	uthorized rida Stat	d by 1 utes.	the corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	appomm	ent as re	gistereu	
		ING TO	1	(IIIM)				419199			ĺ	
SIGNATURE	Signature typed or p	rinted name of registered agen	t and title	a if applicable. (NOTE	: Registered	l Agent	t signature required		DATE			
12.		OFFICERS AN	D DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFICE	DC AND D	IRFCTC	NDC 141 42 1	
		01110210741						ABBITIOITO DE LA CITATION DE LA CITA				
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TITLE	BATES, THO 1925 MIZELI	MAS R., M.D. L AVE., #302			1.1 TI 1.2 N 1.3 ST	ame Treet	ADDRESS	ABBITTOTOGOTTITOTOGOTTO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATES, THO 1925 MIZELI WINTER PAI	MAS R., M.D. L AVE., #302		□ DELETE	1.1 TI 1.2 No 1.3 ST 1.4 CI	AME TREET ITY-ST	ł	Additionage into Let 10 to 10 t] Change	☐ Addition	
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CfTY-ST-ZIP