## 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 # \$35160**

DEPADU	JA & DEPADUA M.D., P.A.						
Dringing! Diag	a of Rusiness	Mailing Address		-	-  1,1961/0/10 1870 14/8/1 8/10/1 4/10/1 4/10/1 8/10/1 8/10/1	BRI BIBIL BIBIL	01011 <b>1</b> 1811 1 <b>08</b> 1
Principal Place of Business  1205 MONUMENT ROAD  JACKSONVILLE FL 32225-6458  Mailing Address  1205 MONUMENT ROAD  JACKSONVILLE FL 32225-6458				-	DO NOT WRITE IN THIS	SPACÉ_	· *
					3. Date Incorporated or Qualifed 03/01/1991		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26			59-3051974		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Fee Re	Additional
22		27 City & Starts		-			-
City & Star	10 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country	Zip 30	Country		8. This corporation owes the current year Inta Personal Property Tax.	ingible Yes	□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
10.00			81	Name			ļ
AMSBACHER, LEWIS 4215 SOUTHPOINT BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 100			83	<del></del>			•
	KSONVILLE FL 32216					<del></del>	•
			84	City	FL	85 Zip	Code
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author ions of, Section 607.0505, Florida S	izeo by Statutes.	tne corporatioi	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	ntment as re	egistered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE _	DP		I I TITLE			☐ Change	Addition
NAME , T	DEPADUA, ROBERT MD	1	1.2 NAME				
STREET ADDRESS		[ 1	.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	1	1.4 CITY-ST	T-ZIP			
TITLE	DV	_	2.1 TITLE			Change	Addition
NAME	DEPADUA, NAPOLEON MD		2.2 NAME	}	•		
STREET ADDRESS			2.3 STREET	1			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-S	T-ZIP		Change	Addition
TITLE		_	3,1 TITLE 3,2 NAME		wa e		
NAME STREET ADDRESS		i i	3.2 NAME 3.3 STREET	ADDRESS			-
CITY-ST-ZIP			3.4. CITY-S				
TITLE			1.1 TITLE			Change	Addition
NAMF			42 NAME-	<del>-</del>			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 C/TY-ST	r- ZiP			
TITLE : ·	2.		5.1 T/ΠLE			Change	Addition
NAME		: 5	5.2 NAME				
STREET ADDRESS		1		I			
	8		3.3 STREET				
CITY-ST-ZIP	5	;	5.3 STREET 5.4 CITY- ST 5.1 TITLE			☐ Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90021 040 \*\*\*150.00