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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

02-01-1999 90046 012 ***150.00



DOCUMENT # S63787 1. Corporation Name

DR. JACK A. MICELI, P.A.

Principal Plac	ce of Business	Mailing Address			•	-	sent asam diått aton aton t	RMA MINITAN	
693 SW PORT ST. LUCIE BLVD.		693 SW PORT ST. LUCIE BLVD.					4.*		
PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL 34953			953			DO NOT WRITE IN THIS SPACE			
						3 Date Incorporated or Qualifed		•]
						07/01/1991			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	٠.
21		26				65-0275004	No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	_□ \$8.75 A		·
22		27					Fee Re	•	-
City & Star	te	City & State	·· · ·			-6. Election Campaign Financing		•	-
Zip	Country	28	Cov	untry		Trust Fund Contribution	Added t	o Fees	$\left\{ \right.$
24	25	29	30	y		This corporation owes the currer Personal Property Tax.	it year intangible ☐ Yes	□No	
24	9. Name and Address of Curren		1301	1		10. Name and Address of New Re			
	200000			81	Name	·	J	· · · · · · · · · · · · · · · · · · ·	1
	ELI, JACK A.				Chun at Addus	on (D.O. Barrahamia Net Assentable	-1		l
	SW PORT ST LUCIE BLVD			82	Street Addres	ss (P.O. Box Number is Not Acceptable	(e)		
POF	RT ST. LUCIE FL 34953			83		100 Yes (100) 100 (1	14 15 A 11 17 3 8 8 8	111111111111111111111111111111111111111	İ
	·			84	City	<u> </u>	85 Zip C		-
	Applications of the second	and the second of the second		1 1	•		FI '		
Andrea Control They for	4- 45- CO7 050	and 607 1508 Florida Sta	tutes the a	hovor		ration submits this statement for the pr	rpose of changing its	registered	
	to the provisions of Sections 607.050/ registered agent, or both, in the State of the following the state of				named corpor ne corporation	's board of directors. I hereby accept	the appointment as reg	gistered	
	am familiar with, and accept the obligat	ions of, Section 607.0505, I	Florida Stat	utes.	io corporadori	,		gistered	
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, I t and title if applicable. (NO	Florida Stat	utes.	io corporadori	when reinstating) () ()	DATE		(80
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14. I hereby certify that the information supplied with this filing indicated on this annual report of supplemental annual ey officer or director of the corporation of the receiver of trust Block 12 or Block 13 if changed, or on an attagranged with I with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that any signature shall have the same legal effect as if made under oath; that I am an eccivity of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in taging the first property with all other like empowered.

SIGNATURE