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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S66272**

1. Corporation Name MICHAEL A. NOVAK, M.D. P.A.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90007 017 ***150.00



Principal Flace	e oi busilless	, Walling Address								
1660 MEDIĆAL	RIVD #200	1660 MEDICAL BL	VD #200							•
ROYAL PALM MEDICAL BLDG		NAPLES FL 34110-5734								
NAPLES FL 341		US	, , , , ,				DO NOT WRITE	IN THIS	SPACE	
US	110-370-4	4 0				3. Date Incorporate	ed or Qualifed		-	
US									•	
						07/10/1991			· · · · · · · · · · · · · · · · · · ·	
2. Principal P	lace of Business	2a. Mailing Addre	ess			4. FEI Number	•		A	oplied For
21		26				65-0270964				lot Applicable
	# oto	Suite, Apt. #,	etc			00 021 0001			\$8.75	Additional
Suite, Apt. #, etc.		<u> </u>	_			Certifcate of Sta	tus Desired			Required
22		27								
City & State		City & State	City & State			6, Election Campa	ign Financing		\$5.00	May Be }
23		28				Trust Fund Con	tribution	ш	Added	I to Fees
Zip	Country	Zip	Co	ountry		8. This corporation	ower the curren	t vear Int	angible	
		—				1 '		it year iiii	Yes	MiNo
24	25	29	30			Personal Prope	<u> </u>			74110
	9. Name and Address of Current	t Registered Agent				10. Name and Add	iress of New Re	gistered	Agent	
	See and the second seco	,		81	Name					10
NOV	/AK, MICHAEL A.									
	MEDICAL BLVD #2240			82	Street A	ddress (P.O. Box Number	is Not Acceptab	le)	• ,	
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				84	City				1 85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florid	da Statutes, the	above	e-namea c	corporation submits this sta	itement for the pi	the anno	intment as r	edistered
Office of r	registered agent, or both, in the State of im familiar with, and accept the obligat	tions of Section 607.0	ge was authorize 0505. Florida Sta	atutes.	me corpor	ation's board of directors.	Thoroby docopt	ило арро		3.0.0
CICALATING	,									
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SIGNATURE	Organizate, types or printed remarks a registered again				t signature rec	quired when reinstating) ; ** (3) **	NCES TO SEE	DATE CERS AN	ID DIRECT	OPS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13	3.	t signature rec	ADDITIONS/CHA	ANGES TO OFFI			
	Organizate, types or printed remarks a registered again	D DIRECTORS	13		t signature rec		ANGES TO OFFI		ND DIRECT	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS