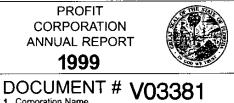
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90105 032 ***150.00 **Katherine Harris**

1. Corporatio	N W. POFF, M.D., P.A.								
Principal Place of Business Mailing Address								0.00. 0.00.	
2232 FOXWOOD DRIVE CRANGE PARK FL 32073 CRANGE PARK FL 32073									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	1110 01 7102		
						01/01/1992			
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	T A	pplied For	
21		26				59-3105879	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	•	Additional	
22		27						equired	
City & Stat	te _	City.&.St	tate.			-6Election Campaign Financing		-May Be	-
23	0	28		Carre	••	Trust Fund Contribution		to Fees	ł
Zip	Country	Zip	Γ.	Cou	шу	8. This corporation owes the current yea	r Intangible Ves	□No	
24	25 9. Name and Address of Current	29 Registered Age	34	<u>0 </u>		Personal Property Tax. 10. Name and Address of New Register			İ
	5. Name and Address of Ourient	rogistores rigi			81 Name				ĺ
POF	f, stephen W.								l
2232 FOXWOOD DRIVE					82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
ORA	NGE PARK FL 32073			ŀ	83	*			ĺ
									-
					84 City	i i	=	Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such c	hance was auth	horized	by the corporation	oration submits this statement for the purpos- on's board of directors. I hereby accept the ap	pointment as r	s registered egistered	
	Signature, typed or printed name of registered agent		(NOTE: R	•	Agent signature required			000 111 40	8
12.	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	CR2E034 (11/98)
TITLE	POEE STEPHEN WAS	·	→ DÉFEIE	1.1 TIT	1		☐ Onende		1 4
NAME	POFF, STEPHEN W M.D.			1.2 NA					8
STREET ADDRESS				1	REET ADDRESS				Z
CITY-ST-ZIP TITLE	ORANGE PARK FL 32073		DELETE	2,1 TIT	Y-ST-ZIP	***	[] Change	Addition	5
NAME		•		2.2 NA			_ ,	_	ĺ
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					TY-ST-ZIP				Ì
_TITLE		[DELETE	3.1-111					├-
NAME				3.2 NA	ме				
STREET ADDRESS				3.3 STI	REET ADDRESS				ļ
CITY-ST-ZIP				3.4. CF	ry-st-zip	•			
TITLE		[DELETE	4.1 TIT	LE	,	Change	☐ Addition	
NAME				4. 2 N/	ME				
STREET ADDRESS				4.3 STI	REET ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP				
TITLE			DELETE	5.1 TIT			☐ Change	☐ Addition	1
NAME				5.2 NA					
STREET ADDRESS				1	REET ADDRESS				
CITY-ST-ZIP				•	Y-ST-ZIP				-
TITLE		Į.	DELETE	6.1 TIT			☐ Change	Addition	
NAME				6.2 NA	we j				1

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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Stephen W. Poff n. p. (904)264-2429

Date Dayime Prone #