

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90075 010 \*\*\*150.00

DOCUMENT # V08507

1. Corporation Name

JOSEPH RAND, M.D., P.A.

Principal Place of Business

506 SO NOKOMIS AVE  
VENICE FL 34285  
US

Mailing Address

506 SO NOKOMIS AVE  
VENICE FL 34285  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1992

4. FEI Number

59-3104867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 395 COMMERCIAL COURT

Suite, Apt. #, etc.

22 SUITE B

City & State

23 VENICE, FL

Zip

Country

24 34292

25 USA

2a. Mailing Address

26 395 COMMERCIAL COURT

Suite, Apt. #, etc.

27 SUITE B

City & State

28 VENICE, FL

Zip

Country

29 34292

30 USA

9. Name and Address of Current Registered Agent

RAND, MD JOSEPH  
506 SO NOKOMIS AVE  
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

RAND MD, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)

395 COMMERCIAL COURT, SUITE B

83

84 City

VENICE

FL

85 Zip Code

34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOSEPH RAND, MD

2/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RAND, JOSEPH  
STREET ADDRESS 506 SO NOKOMIS AVE  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME RAND, JOSEPH  
1.3 STREET ADDRESS 395 COMMERCIAL COURT, SUITE B  
1.4 CITY-ST-ZIP VENICE, FL 34292

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE / Joseph Rand MD

2/28/99

941 484 0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0480442