

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90052 006 ***150.00

DOCUMENT # V25864

1. Corporation Name

CHARLES JAMES EATON, M.D., P.A.

Principal Place of Business

2601 N. FLAGLER DRIVE
STE. 214
WEST PALM BEACH FL 33407
US

Mailing Address

2601 N. FLAGLER DRIVE
STE. 214
WEST PALM BEACH FL 33407
US

2. Principal Place of Business

21 1000 45th Street

2a. Mailing Address

26 1000 45th Street

Suite, Apt. #, etc.

22 Ste 2

Suite, Apt. #, etc.

27 Suite 2

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33407

Country

25 US

Zip

29 33407

Country

30 US

9. Name and Address of Current Registered Agent

EATON, CHARLES JAMES
2601 N. FLAGLER DRIVE
STE. 214
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1992

4. FEI Number

65-0337384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

1000 45th Street

83 Suite 2

84 City

West Palm Beach

FL

85 Zip Code

33407

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EATON, CHARLES JAMES
STREET ADDRESS 2601 N. FLAGLER DRIVE, STE. 214
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1000 45th Street, Suite 2
West Palm Beach, FL 33407

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 561-848-3321

CR2E034 (11/98)