

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 033 ***150.00

DOCUMENT # **V40780**

1. Corporation Name

MEDICAL GROUP OF NORTH FLORIDA, P.A.

Principal Place of Business

**1881 PROFESSIONAL PARK CIRCLE
SUITE 80
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14100
TALLAHASSEE FL 32317-4100**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

59-3122147

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

2. Principal Place of Business

21 2626 Care Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 200

City & State

23 Tallahassee, FL 32308

Zip

Country

24 25 Leon

Zip

Country

29 30

9. Name and Address of Current Registered Agent

**PIERCE, ROBERT A ESQ.
227 S CALHOUN ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME **PD
WALDENBERGER, LEONARD M.D.**
STREET ADDRESS **1881 PROFESSIONAL PARK CIRCLE, SUITE 80**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **SD
DAMRON, RICK**
STREET ADDRESS **1881 PROFESSIONAL PARK CIRCLE, SUITE 80**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **TD
MENDUNI, ALBERT M.D.**
STREET ADDRESS **1881 PROFESSIONAL PARK CIRCLE, SUITE 80**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-850-878-8235

CR2E034 (1/98)

0053318