

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

07-09-1999 90001 021 ***150.00

V60928

070900

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JUL 28 AM 11:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DOCUMENT # V60928

Corporation Name

ROBERT J. NORTON, M. D., P. A.

Principal Place of Business

2215 NEBRASKA AVE.
SUITE 3-D
FT. PIERCE, FL 34950
IS

Mailing Address

2215 NEBRASKA AVE.
SUITE 3-D
FT. PIERCE, FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0348148

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.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

NORTON, ROBERT J., M.D.
2215 NEBRASKA AVE.
SUITE D
FT. PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

2. NAME
NORTON, ROBERT J., M.D.
2215 NEBRASKA AVE-D-3
FT. PIERCE FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1704 Coconut Drive
Ft. Pierce, FL 34949

☒ Change

☐ Addition

3. NAME ☐ DELETE

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

41. NAME

42. NAME

43. NAME

44. NAME

45. NAME

46. NAME

47. NAME

48. NAME

49. NAME

50. NAME

51. NAME

52. NAME

53. NAME

54. NAME

55. NAME

56. NAME

57. NAME

58. NAME

59. NAME

60. NAME

61. NAME

62. NAME

63. NAME

64. NAME

65. NAME

66. NAME

67. NAME

68. NAME

69. NAME

70. NAME

71. NAME

72. NAME

73. NAME

74. NAME

75. NAME

76. NAME

77. NAME

78. NAME

79. NAME

80. NAME

81. NAME

82. NAME

83. NAME

84. NAME

85. NAME

86. NAME

87. NAME

88. NAME

89. NAME

90. NAME

91. NAME

92. NAME

93. NAME

94. NAME

95. NAME

96. NAME

97. NAME

98. NAME

99. NAME

100. NAME

101. NAME

102. NAME

103. NAME

104. NAME

105. NAME

106. NAME

107. NAME

108. NAME

109. NAME

110. NAME

111. NAME

112. NAME

113. NAME

114. NAME

115. NAME

116. NAME

117. NAME

118. NAME

119. NAME

120. NAME

121. NAME

122. NAME

123. NAME

124. NAME

125. NAME

126. NAME

127. NAME

128. NAME

129. NAME

130. NAME

131. NAME

132. NAME

133. NAME

134. NAME

135. NAME

136. NAME

137. NAME

138. NAME

139. NAME

140. NAME

141. NAME

142. NAME

143. NAME

144. NAME

145. NAME

146. NAME

147. NAME

148. NAME

149. NAME

150. NAME

151. NAME

152. NAME

153. NAME

154. NAME

155. NAME

156. NAME

157. NAME

158. NAME

159. NAME

160. NAME

161. NAME

162. NAME

163. NAME

164. NAME

165. NAME

166. NAME

167. NAME

168. NAME

169. NAME

170. NAME

171. NAME

172. NAME

173. NAME

174. NAME

175. NAME

176. NAME

177. NAME

178. NAME

179. NAME

180. NAME

181. NAME

182. NAME

183. NAME

184. NAME

185. NAME

186. NAME

187. NAME

188. NAME

189. NAME

190. NAME

191. NAME

192. NAME

193. NAME

194. NAME

195. NAME

196. NAME

197. NAME

198. NAME

199. NAME

200. NAME

201. NAME

202. NAME

203. NAME

204. NAME

205. NAME

206. NAME

207. NAME

208. NAME

209. NAME

210. NAME

211. NAME

212. NAME

213. NAME

214. NAME

215. NAME

216. NAME

217. NAME

218. NAME

219. NAME

220. NAME

221. NAME

222. NAME

223. NAME

224. NAME

225. NAME

226. NAME

227. NAME

228. NAME

229. NAME

230. NAME

231. NAME

232. NAME

233. NAME

234. NAME

235. NAME

236. NAME

237. NAME

238. NAME

239. NAME

240. NAME

241. NAME

242. NAME

243. NAME

244. NAME

Jul 28 99 11:07a

Rhonda DeLoach

561-336-0691

p. 2

850-487-6017

ATTN: Stacy

July 6, 1999

Secretary of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: FEI# 65-0348148

Dear Secretary of State:

Enclosed is the annual report and \$150.00 filing fee required for 1999. Although this report is labeled "2nd Notice", it is the first notice that we have received.

When we telephoned today to see if there was any way to be excused from the late filing fee, we were instructed to write a letter explaining our cause. As we have had problems receiving mail at this office, you will note a change of address on the form. We hope to avoid future problems.

We respectfully ask that the late fee be waived, since we have never been late before and had not received the original mailing.

Sincerely,

Robert J. Norton, MD
RJN/rd