PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## ANNUAL REPORT

1999 **DOCUMENT # 562346** 

1. Corporation Name

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90010 016 \*\*\*558.75

WESTPHA	L & SHAPIRO, M.D., P.A.	·			
Principal Place o	of Business	Mailing Address			
ONE W SAMPLE		P.O. BOX 968	•		
ONE W SAMPLE NO ONE MEDICAL PLAZA #308  DEERFIELD BEACH FL 33443				DO NOT WRITE IN T	HIS SPACE
OMPANO BEACI	H FL 33064			3. Date Incorporated or Qualifed	
JS		•	•		
				03/20/1978	Applied For
2. Principal Plac	ce of Business	2a. Mailing Address	<u>.</u>	4. FEI Number	Not Applicable
Z, Finicipal Fa		26	·	59-1803105	
1)		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #,	, etc.	27		5. Certificate of Carte	<u> </u>
2		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
3		Zip	Country	8. This corporation owes the current year	ar Intangible
Zip	Country	<b>⊢</b>	٠. ا	Personal Property Tax.	L Yes L No
4	25	20	<u> </u>	10. Name and Address of New Registe	ered Agent
	9. Name and Address of Current	Kegisterea Agent	81 Name		]
	SO OTHER IN THE STATE OF THE ST		1 1		1
	IRO, STEVEN M		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ONE	W SAMPLE RD			5. 19 mar 1 10 mg 2 11 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	127/3 1 kg 2 1 1 2 1 3 3 3 1
#304			83		[4] 新兴 [4] [4] [4] [4] [4] [4]
POM	PANO BEACH FL 33064		84 City		85 Zip Code
			1 1 1	rporation submits this statement for the purportion's board of directors. I hereby accept the	FL
office or re agent. I an	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	irmd when reinstating)	TE
agent. I an	gistered agent, or both, in the daily of namiliar with, and accept the obligation of	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requ		TE
agent. I an	signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floridand title if applicable. (NOTE: F	Registered Agent signature requested 13.	irmd when reinstating)	TE RS AND DIRECTORS IN 12
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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 if 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

SIGNATURE: