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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	563697
4. Corporation Name	00000

DELRAY EYE ASSOCIATES, P.A.

Principal Place						 	BIBNI BIRNI 188 1
	e of Business	Mailing Address			The second secon		0,011 0,311 1331
16201 SOUTH N	MILITARY TRAIL	16201 SOUTH MILITARY T	RAIL			•	
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	O OF AOL	_
					03/31/1978		,
a Discipal Di	ace of Business	2a. Mailing Address			4. FEI Number	Ι.Δ.	pplied For
-	ace of Business	26 Walling Address			59-1808240		ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.					Additional
— ' ' '	#, 6 10.	27			5. Certifcate of Status Desired	T	equired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	itry	8. This corporation owes the current year In		
- '	25	29	30		Personal Property Tax.	⊠ Yes	□No
24	9. Name and Address of Currer		1301		10. Name and Address of New Registered		
	3. (12			81 Name			
LITIN	ISKY, STEVEN M						
	1 S MILITARY TRAIL			82 Street A	ddress (P.O. Box Number is Not Acceptable)	. '	· .
DELF	RAY BEACH FL 33484			83	. (See a. 1) se ce or (2 %) se di lei gille	- 36 1 20 1 60 a	3 3 1 3 1 3 1 1 1 2 3
					(2015年、首都是權利的基礎等數	Shipping.	a 21 21 20 140
				84 City	F I	85 Zip	Code "" "
44 (5)	to the envisions of Scotions 607.050	12 and 607 4509 Florida Statut	tec the at	ove-named c	orporation submits this statement for the purpose of	of changing its	s registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized	by the corpor	ration's board of directors. I hereby accept the appoint	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	tes.	·		
SIGNATURE		Alore			pured when reinstating) DATE		[
	Signature, typed or printed name of registered age		Registered	Agent signature rec			
12.	OFFICERS A		4.2		ADDITIONS/CHANGES TO DEFICEDS A	AND DIRECTO	ORS IN 12
	DCD	ND DIRECTORS	13.	F T	ADDITIONS/CHANGES TO OFFICERS A		
	PSD LITINGKY STEVEN M	DELETE	1.1 111	1	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
NAME	LITINSKY, STEVEN M		1.1 TIT 1.2 NA	WE			
NAME STREET ADDRESS	LITINSKY, STEVEN M 16201 S MILITARY TRAIL		1.1 TII 1.2 NA 1.3 ST	ME REET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	LITINSKY, STEVEN M 16201 S MILITARY TRAIL DELRAY BCH, FL 00000	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII	ME REET ADDRESS Y-ST-ZIP		_ Change	☐ Addition
NAME STREET ADDRESS CITY- ST- ZIP TITLE	LITINSKY, STEVEN M 16201 S MILITARY TRAIL DELRAY BCH, FL 00000 VD		1.1 TIT 1.2 NA 1.3 ST 1.4 C/J 2.1 TIT	WE REET ADDRESS Y-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	LITINSKY, STEVEN M 16201 S MILITARY TRAIL DELRAY BCH, FL 00000 VD SNYDER, DAVID A	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE		_ Change	☐ Addition
NAME STREET ADDRESS CITY- ST- ZIP TITLE	LITINSKY, STEVEN M 16201 S MILITARY TRAIL DELRAY BCH, FL 00000 VD SNYDER, DAVID A 16201 S MILITARY TRAIL	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CD 2.1 TII 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		_ Change	☐ Addition
NAME STREET ADORESS CITY- ST- ZIP TITLE NAME	LITINSKY, STEVEN M 16201 S MILITARY TRAIL DELRAY BCH, FL 00000 VD SNYDER, DAVID A 16201 S MILITARY TRAIL DELRAY BCH, FL 00000	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CD 2.1 TII 2.2 NA 2.3 ST 2.4 Cd	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		_ Change	☐ Addition
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS