Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90181 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPÄRTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602115

Corporation DIAMON	D. HORSBURGH, SCHONFE	LD & WEISS, M.D., P.A	ì							
Principal Place	of Business	· Mailing Address				1	i ilimită dirii adiid istat ribăt iil	IÐI MILI DIÐRI MIL	D)(\$400) B)D(()	liber arase saat
4700-M SHERIDAN STREET HOLLYWOOD FL 33021 4700-M SHERIDAN STREET HOLLYWOOD FL 33021										
							DO NOT WRIT	E IN THIS	SPACE	
ı							Date Incorporated or Qualifed 05/26/1970			
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4.	. FEI Number		·	plied For
21		26					<u>59-1293161</u>	<u>- '</u> ,		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7			5.	. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28				1	Trust Fund Contribution		Added t	o Fees
Zip	Country 25	Zip 30	Cour	ntry		8.	This corporation owes the curre Personal Property Tax.	ent year Inta	ngible Yes	□No
<u> </u>	9. Name and Address of Current					10	Name and Address of New R	egistered A	gent	_
			İ	81	Name		 .			
SCHWARTZ, JOSEPH L 4040 SHERIDAN STREET			}	82	2 Street Address (P.O. Box Number is Not Acceptable)					
	LYWOOD FL 33021		}	83						_
7102	E111000 1 E 00021			03						
				- }	City			FL	1-1	Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Florida Statutes, of Florida. Such change was auth ons of, Section 607.0505, Florid	the ab norized a Statu	by thes.	named corp ne corporation	oratio on's b	on submits this statement for the oard of directors. I hereby accept	purpose of o t the appoin	changing its tment as re	registered gistered
SIGNATURE	•									
	Signature, typed or printed name of registered agent		_	Agent s	signature require			DATE	DIDECTO	NDC IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.	1.5			ADDITIONS/CHANGES TO OF	-IUERS AIN	Change	Addition
TITLE	PD IEEEDEN A	-		1.1 TITLE					change	
NAME	DIAMOND, JEFFREY A.		1.2 NA						•	
STREET ADDRESS	LIQUENWOOD FI		1.3 STREET ADDRESS						,	
CITY-ST-ZIP	HOLLYWOOD FL			Y-ST-	ZIP			-	[T] Change	Addition
TITLE	SD DONALD C M.D.	☐ DELETE	2.1 TIT							
NAME	HORSBURGH, DONALD S.,M.D.	The second of th	2.2 NA		-	_			_	
STREET ADDRESS	4300 HILL'S DR.			2.3 STREET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition
TITLE	TD	LJ DELETE							Critatige	
NAME	SCHONFELD, WAYNE		L	3.2 NAME						ļ
STREET ADDRESS	943 N SOUTHLAKE DR			3.3 STREET ADDRESS						ļ
CITY-ST-ZIP	HOLLYWOOD FL	Постете	-	TY-ST-	-ZIP				☐ Change	☐ Addition
TITLE	VD		DELETE 4.1 TIT						m originge	L. 100/10/11
NAME	WEISS, DAVID	■ ··-		4. 2 NAME						ļ
STREET ADDRESS			l .	4.3 STREET ADDRESS						\$
CITY-ST-ZIP			•	1.4 CITY- ST-ZIP 5.1 TITLE			 		Change	Addition
TITLE		☐ DELETE	•							
NAME	,		5.2 NA	W.C.	1					

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CfTY-ST-ZiP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition