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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

JOYNER & LICHTINGER, M.D., P.A.

FILED

Feb 02 1998 8:00am

Secretary of State

Mailing Address	

								E (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address								
1960 N.E. 47TH STREET 1960 N.E. 47TH STREET								
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308			£ 33308			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	HO OF ACE	
						06/05/1979		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-1928248		lot Applicable
Suite, Apt.					5. Certificate of Status Desired		Additional	
22	27				5. Certificate of States Desired	Fee F	Required	
City & State	City & State City & State					6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		I to Fees
Zip	Country	 	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 10. Name and Address of New Register		∐ No
101	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Negister	ou Agent	
	YNER, WILLIAM T., M.D.				(Valific			
	30 NE 47TH STREET			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
2ND FLR			}	83				
FU	RT LAUDERDALE FL			53				
			l	84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itutes, the at	oove	-named co	orporation submits this statement for the purpos	e of changing	its registered
office or ragent. La	egistered agent, or both, in the State m la miliar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	as authorized Florida Stat	d by utes	the corpor	orporation submits this statement for the purpor ration's board of directors. I hereby accept the	appointment a	s registered
SIGNATURE	Stgneture, typed or printed name of registered ag-	and Ido if probable (I)	NOTE: Registered	1 Ager	ni sionalure rad	gured when reinstaling) DA	'E	
12.		ND DIRECTORS	13.		a gridiano rec	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 70	TLE			☐ Change	☐ Addition
NAME	JOYNER, WILLIAM T MD	WILLIAM T MD 12N						l:
STREET ADDRESS	S 1960 NE 47TH STREET, 2ND FLR			1.3 STREET ADDRESS				
CITY-ST-ZIP				TY- \$1	I-ZIP			
TITLE	STD	DELETE	2.1 10				Change	☐ Addition
NAME	LICHTNGER, MOISES		2.2 NA	2.2 NAME				
STREET ADDRESS	1960 N.E. 47TH ST.			2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TII	TLE.			Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			1
CITY - ST - ZIP			3.4. C	ITY-S	I - Z(P			
TITLE		DELETE	4.1 Ti	TLE			Change	☐ Addition
NAME			4. 2 N	AME				
SYREET ADDRESS			4.3 ST	REET.	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY- \$1	T-ZIP			
TITLE		DELETE 5.11		TLE			☐ Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET.	ADDRESS			
CITY - ST - ZIP			5.4 CI	1Y-S1	T-ZIP			
TITLE	DELETE 6.1 TI			TLE			Change	Addition
NAME			6.2 NA	ME	Ì			
STREET ADDRESS		,	6.3 ST	REET.	ADDRESS			
CITY-ST-ZIP			6.4 CI					
44 boroby	south, that the information consider of	with this filing date not qualif	iv for the eve	mnl	lian etatori	in Section 119 07(3)(i) Florida Statutes, Liurthe	ir certify that th	e information 1.

I hereby certify that the information supplied with this filing press not quality for the exemption stated in section 119.07(3)(), Florida Statutes. I formed 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 in 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, supplements with an address.