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PROFIT CORPORATION ANNUAL REPORT . 1999



FLORIDA DEPARTMENT OF STATE

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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90037 003 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F53154

BOCA GENERAL AND FAMILY MEDICINE, P.A.

	e of Business	Mailing Address						
1590 N.W. 10TH	+ AVENUE	C/O MARILYN H OTTO ESO	•					
SUITE #201		125 CRAWFORD BOULEVARD BOCA RAOTN FL 33432		DO NOT	WOITE IN THIS	SPACE		
BOCA RAOTN FL 33486				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US						ileu		
					11/09/1981			-lind Cos
Principal Pl	face of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26		59-2131367			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire	ed 🔲		Additional equired	
22		27						_:
City & State	e	City & State			6. Election Campaign Finance	ing 🗆		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the	current year In		
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of N	ew Registered	Agent	
	:	•	8	1 Name				
OTT	o, marilyn h		-	2 Stroot A	ddross (P.O. Box Number is Not Acc	centable)		
125 CRAWFORD BOULEVARD		•	l°	82 Street Address (P.O. Box Number is Not Acceptable)			, , , , <u>,</u>	
	A RATON FL 33432		8	3	90.00 Ex. 8 . 14			光建 8
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			8	4 City	47 226	FI	85 Zip	Code 341 341
	to the provisions of Sections 607.05	OO LOOT ASON Stade Statute		vo namad a	omoration submits this statement for	r the nurnose o	f changing its	registered
offing or r	ogistored agent or both in the State	of Florida, Such change was au	tnonzea c	v the corbor	ation's board of directors. I hereby a	accept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	es.				.
SIGNATURE						DATE		}
Signature, typed or printed name of registered agent and title if applicable. (NOTE			Registered Agent signature require		prired when reinstating)	DATE		
						OFFICERS A	ND DIDECTO	DP IN 12
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A		
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6.4 CITY+ST-ZIP

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

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 of 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 changes, or an affectment with an address, with all other like empowered. (561)391-2708