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 # F70514

DALIA KALAI, M.D., P.A.

Principal Place of Business	Mailing Address	
5210 LINTON BLVD.: #303	5210 LINTON BLVD., #303	
DELRAY BEACH FL 33484	DELRAY BEACH FL 33484	

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1982 2a. Mailing Address 4. FEI Number Applied For above 26 59-2188091 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 5879 N. W. 40TH TERRACE 138 NUVM, DY BOCA RATION FL 33496 Ff Lauderdale F2. 33308 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximate the obligations of, Section 607.0505, Florida Statutes. SIGNATU. Sign are, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE KALAI, DALIA 1.2 NAME NAME 5879 N. W. 40TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS 330 P BOGA RATON FL 1.4 CITY-ST-ZIP CITY-ST-719 DELETE TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City-St-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 officer or director of the corporation or the receiver or trustee emp Block 12 or Block 13 or changed, or on an attachment with an ad-

SIGNATURE: