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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M47630 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

DR. NEIL M. MEYEROWITZ D.C. P.A.

Principal Place of Business	Mailing Address			7100000			
2500 N UNIVERSITY DR	2500 N UNIVERSITY DR				*		
SUITE 2 SUITE 2			DO NOT WRITE IN THIS SPACE				
SUNRISE FL 33322 .	UNRISE FL 33322 . SUNRISE FL 33322				SOFACE		
• .		_		3. Date Incorporated or Qual 03/04/1987	neu		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			plied For
21	26			59-2772239	•		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u>.</u> .	5. Certificate of Status Desire	d -□·÷	\$8.75	I .
	27			G. Cortilodio er citato a ser		Fee Re	equired
City & State	City & State			6. Election Campaign Finance	ing \square	\$5.00	
23	28			Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Country		8. This corporation owes the	current year in		×
25	29 3	30		Personal Property Tax.			No
9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered	Agent	
MENEROWITZ NEW M. DD. D.C.D.A.		81	Name				
MEYEROWITZ, NEIL M., DR., D.C.P.A.		82	Street A	ddress (P.O. Box Number is Not Acc	ceptable)		
2500 N UNIVERSITY DRIVE					· · · · · ·	· .	
SUITE 2		83					
SUNRISE FL 33322		84	City			85 Zip	Code
		04	City		FL	_	
11. Pursuant to the provisions of Sections 607.0502	Florida, Such channe was auf	fnorized by	the comor	ation's board of directors. I hereby a	ccept the appo	ointment as re	gistered
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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.

6.4 CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90043 020 ***150.00