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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90010 023 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M80669

1. Corporation Name

Principal Place of Business

SIGNATURE:

SANDROW & KEYES, M.D., P.A.

NAME   SANDROW, RICHARD E.   12 NAME   13 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33176   14 CITY-ST-ZIP   TITLE   STD   DELETE   22 NAME   22 NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33176   24 CITY-ST-ZIP   DELETE   Change   TITLE   Change   Change   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33176   24 CITY-ST-ZIP   DELETE   3.1 TITLE   Change   Change   STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   Change   Chan	
2. Principal Place of Business   2a. Mailing Address   3. Fil Number   Applies   Schody9846   Not Art   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   29	
2. Principal Place of Business 2.8 Mailing Address 5.5 Mailing Mailing Address 5.5 Mailing Mai	
Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.7.5 And Fee Required   \$9.7.5 And Fee Required   \$9.7.5 And Fee Required   \$9.7.5 And Fee	For
Suite, Apt. #, etc.  Suite Apt.	
State   City & State	
City & State    City & State   City	ed
Zip	
25   29   30   Personal Property Tax.   Yes	
PLOUCHA, LAWRENCE M. ES ATKINSON,DINER,STONE,BLACK, & MANKUTA P.A. 1946 TYLER STREET HOLLYWOOD FL 33022  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 reg 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 appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY. ST. ZIP  NAME SANDROW, RICHARD E. STREET ADDRESS SITY. ST. ZIP  MIAMI FL 33176  14. CITY. ST. ZIP  MIAMI FL 33176  15. STREET ADDRESS CITY. ST. ZIP  MIAMI FL 33176  16. Change  Chan	0
PLOUCHA, LAWRENCE M. ES ATKINSON, DINER, STONE, BLACK, & MANKUTA P.A.  1946 TYLER STREET HOLLYWOOD FL 33022  84 City FL 85 Zip Cod  84 City FL 85 Zip Cod  85 Zip Cod  86 City FL 85 Zip Cod  87 Zip Cod  88 Zip Cod  89 Zip Cod  80 Zip C	
ATKINSON,DINER,STONE,BLACK, & MANKUTA P.A.  1946 TYLER STREET HOLLYWOOD FL 33022  84 City FL 85  Zip Cod  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE Signature, typed or printed name of registered agent and Side if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD SANDROW, RICHARD E.  STREET ADDRESS  CITY.ST-ZIP MIAMI FL 33176  DELETE  1.3 STREET ADDRESS  CITY.ST-ZIP MIAMI FL 33176  DELETE  2.2 MAME  STREET ADDRESS  CITY.ST-ZIP MIAMI FL 33176  DELETE  3.3 TITLE  Change	
ATKINSON,DINEH,SIONE,BLACK, & MANKUIA P.A.  1946 TYLER STREET HOLLYWOOD FL 33022  83  84 City  FL  85 Zip Cod  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 reg 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 appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 appointment as regist agent. I am familiar with, and accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 appointment as regist agent. I am familiar with, and accept the appointment as regist agent. I am familiar with, and accept the appointment as regist agent. I am familiar with, and accept the appointment as regist agent. I am familiar with a point agent and registered Agent agent and registered Agent agent are required when reinstating)  12.	
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agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGN	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of infectors. Thereby accept the appointment of registered agent and ities if applicable.  SIGNATURE  SI	stered
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	red
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    12.	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITITLE PD	—
TITLE	N 12
NAME   SANDROW, RICHARD E.   12 NAME   13 STREET ADDRESS	Addition
STREET ADDRESS   SP40 SW 88TH ST, STE 1003-E   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	
CITY-ST-ZIP	
TITLE	
NAME   KEYES, DAVID, B	] Addition
STREET ADDRESS         8940 SW 88 ST, STE 1003-E         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33176         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change	
CITY-ST-ZIP         MIAMI FL 33176         2.4 city-st-ZIP           TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change	
TITLE         □ DELETE         3.1 TITLE         □ Change           NAME         3.2 NAME         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP         □ Change           TITLE         □ DELETE         4.1 TITLE         □ Change	-
NAME	Addition
STREET ADDRESS   3.3 STREET ADDRESS	
34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	
THE SECTION ASSESSMENT OF THE SECTION ASSESS	Addition
III 4 À NÀ SÉE À	7
TVIII.	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	7 Addition
THE STATE STATE	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	7.4.00
THE AND THE MESSAGE	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
64 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 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.