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

0164376

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90114 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000023695**

1. Corporation Name
JOYCE E. STROM, PH.D, R.N., P.A.

Principal Place of Business	Mailing Address
~~545 JEFFERSON~~ DR ~~112~~ ~~DEERFIELD BCH FL 33442~~ US	~~545 JEFFERSON DR~~ ~~112~~ ~~DEERFIELD BCH FL 33442~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 8865 N.W. 55 Place	2a. Mailing Address 26: 8865 NW 55 Place
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Coral Springs, Fla	City & State 28: Coral Springs, Fla
Zip / Country 24: 33076 25: USA	Zip / Country 29: 33076 30: USA

3. Date Incorporated or Qualifed: 03/29/1993

4. FEI Number: 65-0403567 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STROM, JOYCE E ~~545 JEFFERSON DR~~ ~~112~~ ~~DEERFIELD BCH FL 33442~~	81 Name: Strom, Joyce E 82 Street Address (P.O. Box Number is Not Acceptable): 8865 N.W. 55 Place 83: 84 City: Coral Springs FL 85 Zip Code: 33076

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STROM, JOYCE E		1.2 NAME	Strom, Joyce E	
STREET ADDRESS	~~545 JEFFERSON DR #112~~		1.3 STREET ADDRESS	8865 NW 55 Place	
CITY-ST-ZIP	~~DEERFIELD BC 33442~~		1.4 CITY-ST-ZIP	Coral Springs, Fla 33076	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Joyce E. Strom, PhD 1/14/99 954-328-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #