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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000076477**1. Corporation Name

INTEGRATED MEDICAL DIRECTIONS, P.A.

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3 FISHER LANE DELRAY BEACH FL 33483 US		P.O. BOX 536 DELRAY BEACH FL 33447 US					DO NOT WR	NTE IN THIS	S SDACE	;
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					Ì	3. Date Incorpora		1		•
						10/11/1994				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21		26	26			65-0541344	1		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 0	-to- Danisad		\$8.75	Additional
22		27	7			5. Certifcate of St	atus Desireo		Fee R	equired
City & State	e	City & State				6. Election Campa	aign Einancing		\$5.00	May Be
23		28				Trust Fund Cor				to Fees
Zip	Country	Zip	Cou	ntrv						10 1 000
				y		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25	[29]	30					Danistansi		
	9. Name and Address of Curr	ent Registered Agent		81 Na		10. Name and Ad	aress of New	Kegistered	Agent	
QTD.	AWN, JOEL T	4		וים או	ime					
		•	Ì	82 Str	reet Address	s (P.O. Box Numbe	r is Not Accen	table)		
	i.e. 4th avenue			-::		4.5.00	t in the area	ente de la estada	a parent as his e	r musekt, jake
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				84 Cit	ty			FL	85 Zip	Code
A 40									_	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Such change wa	s authorized	by the c	nea corpora comoration's	ation submits this st s board of directors	atement for the . I hereby acce	e purpose or ept the appo	r changing it intment as r	egistered
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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. SIGNATURE:

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90052 004 ***150.00