ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90015 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P95000003334

Corporation Name

JOSHUA L. LUCE, M.D., P.A.

Principal Place of Business	Mailing Address
3345 BURNS RD 203 PALM BEACH GARDENS FL 33410 US	3345 BURNS RD 203 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 01/10/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 65-0546523	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LUCE, JOSHUA L
3385 BURNS RD.
#208
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

1. 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.

IGNATURE _____ 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	
LE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME LUCE, JOSHUA L		1.2 NAME	
REET ADDRESS 10264 ALAMANDA CIRCLE		1.3 STREET ADDRESS	
Y-ST-ZIP PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP	
LE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

. 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.

IGNATURE: [signature] JOSHUA L. LUCE MD, 6/30/99 561-622-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joshua L. Luce, M.D., P.A.
Cardiology ♥
Diplomate American Board of Internal Medicine
Diplomate Cardiovascular Diseases

3345 Burns Road, Suite 203
Palm Beach Gardens, FL 33410
Office: (561) 622-1044
Fax: (561) 622-3177

210 Jupiter Lakes Blvd.
3000 Bldg., Suite #105
Jupiter, FL 33458
Office: (561) 748-7800

P95000003334
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7/1/99

TO
FL Dept of State
DIVISION OF CORPORATIONS:

Please be aware that we never received a first notice that a filing fee was due. The 2nd notice was all we received and I am immediately responding to it. As per my phone conversation with your office at 850-488-9000, I am forwarding a check for 150.00 to cover this fee.

Thank you.

Joshua L. Luce MD.