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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008080 (9)

DAVID O. KATEB, M.D., P.A.

FILED Jan 23 1998 8:00am Secretary of State



Principal Ptac	•	** **	M	lailing Address					ı iğmil en i iş a i mişa milli barsı danılı dalışı ağısı balı		9 1	1811 ISU		
5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445					5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445					DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified				ĺ
				B. H. W. L. W. H. H. L. W.						01/15/1996				
2. Principal Place of Business					2a. Mailing Address					4. FEI Number	Applied For Not Applicable			l
Suite. Apt. #, etc.					Suite, Apt. #, etc.					65-0635400	\$8.75 Additional			
22					27					5. Certificate of Status Desired Fee Required				
City & State					City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country				Zip Country									
24	25			29 30						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
12-7	9. Name and Address of Current I									10. Name and Address of New Registered Agent				l
KA.	TEB, DAVID	n			-		81	Name						l
5050 WEST ATLANTIC AVENUE								Stroot	Addres	ess (P.O. Box Number is Not Acceptable)				l
DELRAY BEACH FL 33445									nuurea	dress (1.0. Dox Namber is Not Acceptable)				
							83	City			85	Zip C	inde	
								-		FL	. ``			ı
11. Pursuant office or ragent. La	to the provisi egistered ag m familiar wil	ons o ent, o h, an	f Sections 607,0502 a r both, in the State of d accept the obligation	and 6 Flori ons o	307.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	e-named the corp i.	corpor poration	ation submits this statement for the purpose on a board of directors. I hereby accept the approximation of the purpose of the approximation of the purpose o	changir ointmen	ng its It as r	registered egistered	
SIGNATURE														i
Signature, typed or printed name of registered agent and bille if applicable. (NOTE, if 12. OFFICERS AND DIRECTORS								nt signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	י רופבר	TOP	2 IN 12	37
TITLE	Р		OTTOLIO AND L	711 11	DELETE	13.	TI F			ADDITIONS/CHANGES TO CELICIDE AND	Char		Addition	CR2E034 (10/97)
NAME	•	DAVI	n o			1.2 N					_	•		4
STREET ADDRESS	KATEB, DAVID O 5 5050 WEST ATLANTIC AVENUE							STREET ADDRESS					8	
CITY-ST-ZIP			CH FL 33445					TY-ST-ZIP					뛇	
TITLE				, ,	DELETE	2.1 T	· Car				Chan	ige	Addition	$\ddot{\circ}$
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CiTY - ST - ZiP						2.40	2. 4 CITY-ST-ZiP							
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NAME						3.2 N	AME							
STREET ADDRESS						3.3 S	TREET	address						
CITY - ST - ZIP							ITY-S	T-ZIP						
TITLE					☐ DELETE	4.1 Ti					☐ Chan	ige	Addition	
NAME						4. 2 N								
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NAME STREET ADDRESS						5.2 N		4000000						
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP					☐ DELETE	5.4 C	TY-ST	- ZIP			Chan		Addition	
TITLE					T DETEIG	6.1 II					LL CHAII	90	☐ VOUITION	
NAME CYDEET ADDOCCO						•		ADDOCCO						
STREET ADDRESS								ADDRESS						
City-St-ZiP 14. I hereby c	ertify that the	infor	mation supplied with	this f	iling does not qualify fo		TY-ST empt		d in Se	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that	the i	nformation	

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 charged, or or attachment with an address.

56-632-3933