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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700058327

1. Corporation Name

STEPHEN W. KONCSOL, PH.D., PA

PLANTATION FL 33324-2619

Principal	Place	of	Business

Mailing Address

13200 S.W. 32ND COURT DAVIE FL 33330

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13200 S.W. 32ND COURT

DAVIE FL 33330

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90203 040 \*\*\*150.00



					DO NOT WRITE IN THIS SPACE				
		•		3. Da	ate Incorporated or Qualifed				
				0	7/01/1997				
Principal Place of Business	2a. Mailing Address			4. FE	I Number			Applied For	
	26			6!	5-0766669	_		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. C	ertifcate of Status Desired			Additional Required	
City & State	City & State	÷		1	ection Campaign Financing ust Fund Contribution			May Be d to Fees	
Zip Country	Zip 29	Coun	ry		is corporation owes the curre ersonal Property Tax.	nt year i	Intangible <b>X</b> Yes	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
GERO, THOMAS A 300 S. PINE ISLAND RD., STE. 227		Ĺ	Name Street Addre	ress (P.O.	Box Number is Not Acceptal	ole)			
JUU J. FINL IOLAND RD., JIE. 227			1						

Zip Code 84 City 85 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 example was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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agent. I am familiar with, and accept the abiligations of, Section 807.0505, Florida Statutes.							
SIGNATURE Signaphre, typed or printed name of registered agent and dide if applicable. (NOTE: Registered Agent signature required when reinstaling)  (NOTE: Registered Agent signature required when reinstaling)  DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				
TITLE	DPST DELETE	1.1 TITLE		Change	☐ Addition		
NAME	KONCSOL, STEPHEN W	1.2 NAME			ļ		
STREET ADDRESS	13200 S.W. 32ND COURT	1.3 STREET ADDRESS					
CITY+ST-ZIP	DAVIE FL 33330	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 ΠπLE		☐ Change	☐ Addition		
NAME		2.2 NAME			Ì		
STREET ADDRESS		2.3 STREET ADDRESS			1		
CITY-ST-ZIP		2. 4 CfTY-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			ľ		
CATY-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					

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 pr

SIGNATURE: