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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106723 1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90020 015 ***150.00

ROBERT E. TOPPER, M.D., P.A	l.			
incipal Place of Business	Mailing Address			Olfin (Edio (1800 ift) febt
O CENTRAL PARK BLVD. #403	9960 CENTRAL PARK BLVD.	#403		
CA RATON FL 33428 BOCA RATON FL 33428			, no view view in Tulo of	4.05
			DO NOT WRITE IN THIS SP	ACE
			3. Date incorporated or Qualifed	
Dispiral Blace of Business	On Barillon Address		12/19/1997 4. FEI Number	T Applied For
Principal Place of Business	2a. Mailing Address		65-0801382	Applied For Not Applicable
Suite, Apt. #, etc.	26			8.75 Additional
oute, Apr. #, etc.	27		5. Certificate of Status Desired 🔲 -	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
on, a one o	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intang	
25	F-7 -	30		Yes □No
9. Name and Address of C			10. Name and Address of New Registered Age	nt
		81 Nam	Robert E Topper, my	^
CORPORATION SERVICE COMP	PANY	1 1	Address (D.O. Boy Number is Not Assentable)	<u> </u>
1201 HAYS STREET		62 Siles	Address (P.O. Box Number is Not Acceptable) 9 6 0 Central Park Blu	d
TALLAHASSEE FL 32301-2525		83		_ .
			mte 403	-1 7:- 0-4-
		84 City	Boca Raton FL	5 3 Code 7 2 8
office or registered/agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change was autobligations of Section 607.0505, Florid	thorized by the corda Statutes.	corporation submits this statement for the purpose of char oration's board of directors. I hereby accept the appointment ETOPPERMO 11419	ent as registered
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am at officer or director of the corporation by 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, if on a plachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR