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

PROFIT CORPORATION ANNUAL REPORT

1999

HIALEAH I MEDICAL EQUITY CORPORATION

**DOCUMENT #** 



P98000066554

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90108 041 \*\*\*150.00

	1810 <b>55</b> 05 <b>63</b> 05 <b>8</b>	<b>.</b>	

Principal Plac		Mailing Address		
	ceview Avenue	222 Lakerica	1 Ave.	
17th Flo	or ,	17th Floor		
` West Pa	lm Beach, FL	1001		DO NOT WRITE IN THIS SPACE
33401	•	West Palm B	seach, FC	3. Date Incorporated or Qualifed
\		33401		07/28/1998
	lace of Business	2a. Mailing AddressV.		4. FEI Number Applied For
21	· · · · · · · · · · · · · · · · · · ·	26		65 - 08 5 332-3 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired Fee Required
City & Stat	e.	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	[25]	<del></del>		Personal Property Tax. Yes YSNo  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 Name 1	10. Name and Address of New Registered Agent
1110	AN, LAWRENCE B		I Name	leasery Corp.
	1 PGA BOULEVARD SUITE 1000		82 Street Add	ress(P.O. Box Number is Not Acceptable)
	M BEACH GARDENS FL 33410		2	22 Lakeview Ave.
FAL	M BENCH GANDENS FL 33410		83	1th Floor
	•		84 City	1 C 1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P
}	<u> </u>		$\perp$	
11. Pursu office			above-named con	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agen	Λ`		atutes.	
SIGNATL	Regsery Corp. $\Lambda / \setminus$	~ \	Mark	Nussbaum, Vice President April 27,1999
	By: V		ed Agent signature require	ed when remodulity)
12			<b>1</b> −13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Brure A Rendina A Change Addition
NAME	RENDINA, BRUCE A		1.2 NAME	22 Lakeview Ave., 17th Floor
STREET ADDRESS	3801 PGA BOULEVARD SUITE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		1.4 CITY-ST-ZIP U	
TITLE		☐ DELETE	2.1 TITLE \(\sqrt{1}\)	☐ Change
NAME			2.2 NAME	Mrickel, Discivo militi
STREET ADDRESS	•		2.3 STREET ADDRESS	so la lavieu Ave, 17th Floon.
CITY-ST-ZIP	·		2.4 CITY-ST-ZIP	est rum buch to 33401
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	1	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	V
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•		5.2 NAME	
STREET ADORESS	· .		5.3 STREET ADDRESS	
CITY-ST-ZIP	· ·		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1		6.2 NAME	
STREET ADDRESS	}		6.3 STREET ADDRESS	
l .			6.4 CITY-ST-ZIP	
CITY-ST-ZIP			0.1 0.177 0.1 2	

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 of 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 composition 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, John an attachment with an address, with all therefore.

15.4 CITY-ST-ZIP

16.4 CITY-ST-ZIP

16.4 CITY-ST-ZIP

16.4 CITY-ST-ZIP

17.5 CITY-ST-ZIP

18.6 CITY-ST-

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27,1999

(561) 655-9008 Davime Phone # CR2F034 (11/9