

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90103 004 \*\*\*150.00

DOCUMENT # S35586

1. Corporation Name L&R MEDICAL ASSOCIATES, INC.



Principal Place of Business 11902 WATERWOOD DR. BOCA RATON FL 33428-1026 Mailing Address 11902 WATERWOOD DR. BOCA RATON FL 33428-1026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1991 4. FEI Number 65-0249630 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent WORLDWIDE CORPORATE SERVICES INC 1 FINANCIAL PLAZA SUITE 2626 FT LAUDERDALE FL 33394 10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City FL 85 Zip Code

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 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes names like David J Latraverse and Andres (Andy) Rivero.

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, with all other like empowered.

SIGNATURE: DAVID J. LATRAVERSE 2/27/99 561-987-2299 Date Daytime Phone #

CR2E034 (11/98)