PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000054113

1. Corporation Name CATHERINE DROURR, M.D., P.A.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90017 034 ***150.00



Principal Place	e of Business	Mail	ing Address				יים מו יווי מספוני נספוס מונוס וסוסה וונקס מומם וווסב וונקס מומם אומס מומם מוז ומקצופקן ו	
1210 JUPITER LAKES BOULEVARD SUITE 205. BUILDING 4000 SUITE 205. BUILDING 4000 SUITE 205. BUILDING 4000 JUPITER FL 33458 JUPITER FL 33458			VARD			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/17/1998		
2 Principal P	lace of Business	2a. i	Mailing Address				4. FEI Number Applied For	
21	ace of Business	26					65-0349517 Not Applicabl	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22	<u></u>	27					5. Certificate of Status Desired Fee Required	
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	7:	Countr			Trust Fund Contribution Added to Fees	
Zip	Country	\vdash	Zip 30	Country	y		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curren	29 t Registe		" !			10. Name and Address of New Registered Agent	
	at Name and Market See See See See See See See See See S			81	1 Nam	e		
DROURR, CATHERINE 1210 JUPITER LAKES BOULEVARD				82	Stray	t Address (P.O. Box Number is Not Acceptable)		
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SUITE 205, BUILDING 4000			83	3				
JUPI	TER FL 33458			84	4 City		85 Zip Code	
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12.	OFFICERS AN			13.	nt signatu	e redoiled	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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 of an affectment with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PI