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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V09882
1. Corporation Name DANIEL S. RAPPAPORT, M.D., P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1992
4. FEI Number 65-0306583
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year intangible Personal Property Tax.

Principal Place of Business 5405 OKEECHOBEE BLVD #303 EAST DR WEST PALM BEACH FL 33417 US
Mailing Address 5405 OKEECHOBEE BLVD #303 EAST DR WEST PALM BEACH FL 33417 US
2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

9. Name and Address of Current Registered Agent
RAPPAPORT, DANIEL S.
5405 OKEECHOBEE BLVD
STE. 303
WEST PALM BCH. FL 33417

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 6 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Daniel S. Rappaport, M.D., P.A.

Table with 6 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel S. Rappaport, M.D., P.A.

3/16/99

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