

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F42671

1. Corporation Name
DANIEL MAN, M.D., P.A.



Principal Place of Business 851 MEADOWS ROAD BOCA RATON FL 33486-2348	Mailing Address 851 MEADOWS ROAD BOCA RATON FL 33486-2348
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1981	
21	22	26	27	4. FEI Number 59-2121175	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINGER, BERNARD, P.A. 4700 SHERIDAN STREET, BLDG. B HOLLYWOOD FL 33021				81 Name	BERNARD A. Singer		
				82 Street Address (P.O. Box Number is Not Acceptable)	4925 SHERIDAN ST. SUITE A		
				83			
				84 City	Hollywood	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]* **7/9/99** DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAN, DANIEL	1.2 NAME	
STREET ADDRESS	851 MEADOW ROAD, #222	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486-2348	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Signature]* **7/1/99** DATE

Signature and typed or printed name of signing officer or director

CR2E034 (5/99)

LAW OFFICES
Bernard A. Singer, P.A.
BOARD CERTIFIED TAX LAWYER

596601-90025-38
F42671

HOLLYWOOD:
4925 Sheridan Street
Suite A
Hollywood, Florida 33021

BOCA RATON:
5100 Town Center Circle
Suite 330
Boca Raton, Florida 33486

TELEPHONES:
Hollywood/Broward: (954) 985-8600
Boca Raton: (561) 347-0577
Miami-Dade: (305) 892-8512
Telecopier: (954) 985-8477
E-Mail: BernieSinger@lawyer.com

REPLY TO:
HOLLYWOOD OFFICE

July 9, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ladies and Gentlemen:

Enclosed is the 1999 Annual Report for Daniel Man, M.D., P.A. along with my client's check in the amount of \$150 in payment of the annual fee.

As my client never received the first notice enclosing the form for the 1999 Annual Report, it would be greatly appreciated if you would waive any penalties in connection with this filing. My client always files timely reports to my knowledge and this inadvertent non-receipt of the report form is the reason for the lateness.

Thank you in advance for your courtesies in this matter.

Very truly yours,

**Executed in The Absence Of
Bernard A. Singer To Expedite Mailing**

Bernard A. Singer, Esq.
BAS/ks
encl.
cc: Dr. and Mrs. Daniel Man
W:\MAN\AnnualRep.ltr2