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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 470256

BURGER AND GOLDSTEIN M.D.'S P.A.

|  |  | •  |   |   |                             |                                  |  |
|--|--|--|---|---|-----------------------------|----------------------------------|--|
| Principal Place of Business  | Mailing Address  |  |   |   | IONIS ICODI SILID BINI DII  | III BEBAR BEBAR BIDIK 1          | 81011 BIBN 1801                        |
| 1501 FOREST HILL BLVD.   | 1501 FOREST HILL BLVD.   |  |   |   | •                           |                                  |  |
| SUITE 101  | SUITE 101  |  |   |   |                             |                                  |  |
| W. PALM BEACH FL 33406-6072  | W. PALM BEACH FL 33406   | -6072  |   | DOI   | NOT WRITE IN TH             | IIS SPACE                        | y * *                                  |
| US   | US   |  |   | <ol><li>Date Incorporated or</li></ol>      | Qualifed                    |                                  |  |
| ·  |  |  |   | 02/21/1975                                  |                             |                                  |  |
| 2. Principal Place of Business   | 2a. Mailing Address  |  |   | 4. FEI Number                               |                             | Ap                               | plied For                              |
| 21   | 26   |  |   | 59-1576110                                  |                             | No                               | t Applicable                           |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  |   | 5. Certifcate of Status I                   | Desired                     | \$8.75                           |  |
| 22 2   | 27   |  |   | J. Ochmodic of Claus                        | Jesii ed 🗀                  | Fee Re                           | equired                                |
| City & State   | City & State   |  |   | 6. Election Campaign F                      | inancing                    | \$5.00                           |  |
|  | 28   | _  |   | Trust Fund Contribut                        | ion                         | Added                            | to Fees                                |
| Zip Country  | Zip  | Coun   | try   | 8. This corporation owe                     | -                           |                                  | _                                      |
|  | · 1  | 30   |   | Personal Property Ta                        |                             | Yes                              | □No                                    |
| 9. Name and Address of Current Re  | gistered Agent   |  | A)  | 10. Name and Address                        | of New Register             | ed Agent                         |  |
| PUDGED LEANS I   |  |  | Name  |   |                             |                                  |  |
| BURGER, LEWIS J.<br>1501 FOREST HILL BLVD., SUITE 101  |  | 8  | 32 Street A   | Address (P.O. Box Number is N               | ot Acceptable)              |                                  |  |
|  |  |  |   | 1.32.514. \$1444.25.914.                    | Listing Programmed Language | and section of the s             | 6-31 Rjegt toine                       |
| W. PALM BEACH FL 33406   |  | 18   | . 3   | <b>建筑设置数</b>                                |                             |                                  |  |
|  | No. 18 Control   | 5  | 4 City  | 1034-141-141-1                              | (A)                         | 85 Zip (                         | Code                                   |
| and the second s |  |  | - 0,  |   | F                           | L                                | ,                                      |
| 11 Pursuant to the provisions of Sections 607.0502 an  | d 607.1508, Florida Statute  | es, the abo  | ve-named o  | corporation submits this stateme            | ent for the purpose         | of changing its                  | registered                             |
| Dill taffing an antictured areas on both in the Ctate of El  |  |  |   |   |                             |                                  |  |
| office or registered agent, or both, in the State of Fi  | lorida. Such change was a<br>of, Section 607.0505, Flor                                      | umonzea t<br>rida Statut   | by the corpo<br>es.   | pration's board of directors, I her         | eby accept the ap           | pomanem as re                    | gistered                               |
| office or registered agent, or both, in the State of FI W. Fagent/Tam familiar with, and accept the obligations  | orida: Such change was as of, Section 607:0505, Flor   | rida Statut  | by the corpo<br>es.   | oration's board of directors. I her         | eby accept the ap           |                                  | gistered                               |
| <ul> <li>office or registered agent, or both, in the State of FI<br/>W. Fagent/Fam familiar with, and accept the obligations</li> </ul>  | s of, Section 607.0505, Flor   | rida Statut  | es.   | oration's board of directors. I her         | DATE                        |                                  | gistered                               |
| office or registered agent, or both, in the State of Five agent fram familiar with, and accept the obligations SIGNATURE  Signature, typed or printed name of registered agent and OFFICERS AND DI   | s of, Section 607.0505, Flor<br>title if applicable. (NOTE:<br>IRECTORS                      | Registered A   | BS.<br>gent signature re  |   | DATE                        | AND DIRECTO                      | ORS IN 12                              |
| office or registered agent, or both, in the State of FI agent Farm familiar with, and accept the obligations SIGNATURE  Signature, typed or printed name of registered agent and 12. OFFICERS AND DI   | s of, Section 607:0505, Flor<br>title if applicable. (NOTE:                                  | rida Statut  | BS.<br>gent signature re  | equired when reinstating).                  | DATE                        |                                  |  |
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14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90019 011 \*\*\*150.00