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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 481659

1659

(1)

Mailing Address

ROBERT K.T. LIEM, M.D., P.A.

FILED Feb 05 1997 8:00am Secretary of State

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2889 10TH AVENUE NO #303 LAKE WORTH FL 33461			2889 10TH AVENUE NO #303 LAKE WORTH FL 33461-3045					
					3. Date Incorporated or Qualified 07/29/1975	3a. Date of Last 05/01/1996	Date of Last Report	
	Place of Business	2a. Mailing Address	28. Mailing Address		4. FEI Number		Applied For	
21		26			59-1613964		Not Applicable	
Suite, Apt.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23	····	City & State			Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Ζιρ 24	Country 25	Zıp 29	Count	ry		Yes No	s. 199.032,	
	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	Istered Agent		
LIE	m, robert k t		Į8	1 Name				
288 LAI		8	82 Street Address (P.O. Box Number is Not Acceptable)					
			8	3				
			8	4 City		FL 85 Zip	p Code	
office or agent 1 a	registered agent, or both, in the 5	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	authorized	by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing it the appointment a	its registered as registered	
SIGNATURE	Signature, typical or printed name of registers	ed agent and title if applicable (NO	TE Registered	gent signature re	equired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO)RS IN 12	
TITLE	PD	☐ DELEIE	1.1 TITL			☐ Change	e 🔲 Addition	
NAME	LIEM, ROBERT K T		1,2 NAM	E				
STREET ADDRESS	714 SOUTH LAKESIDE DE	}.	1,3 STR	ET ADDRESS				
CITY - S1 - 7IP	LAKE WORTH FL	- I oriett		-ST-ZIP				
TITLE		☐ DELETE	2.1 TITU	1		L Change	e	
NAME			2.2 NAM					
STREET ADOPESS				ET ADDRESS 7-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	31 TITL			Change	e	
NAME			3.2 NAM	- 1		-		
STREET ADDRESS				ET ADDRESS				
City-SI-ZiP			3.4. CIT	r-St-ZIP				
TITLE		DELETE	4 1 TiTL	E		Change	e Addition	
NAME			4, 2 NA	AE .				
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			Change	e 🔲 Addition	
NAME			5.2 NAN					
STREET ADORESS			1	ET ADDRESS				
CITY+S1+ZIP		DELETE		'-\$T-ZIP		Change	e Addition	
TITLE		LI DILETE	6.1 TITU 6.2 NAM			i''' cuttiliti	A POST MODITION	
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STREET ADDRESS				'-ST-ZIP				
CITY-ST-ZIP	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lind with this filler does not one			ated in Section 119 07/3Vi) Florida Cratura	a I further continue	nt tho	

. I do 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

39/97 (581)964-4028