

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90072 022 ***150.00

DOCUMENT # 481879

1. Corporation Name

**MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P
.A.**

Principal Place of Business

**SUITE 104
3001 N.W. 49TH AVE.
LAUDERDALE LAKE FL 33313**

Mailing Address

**SUITE 104
3001 N.W. 49TH AVE.
LAUDERDALE LAKE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1975

4. FEI Number

59-1635576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**LASKIN, RONI C
18305 SISCAYNE BLVD
STE 214
NO MIAMI BCH FL 33160**

10. Name and Address of New Registered Agent

81 Name **RONI LASKIN CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
8211 W. Broward Blvd
83 **PH-2**
84 City **Plantation** **FL** **85** Zip Code **33324**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **TOMPAKOV, M.D., HARVEY M**
STREET ADDRESS **3001 N.W. 49TH AVE. #104**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **VP** ☐ DELETE
NAME **LUNDEN, STEVEN F**
STREET ADDRESS **3001 NW 49TH AVE #104**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **ST** ☐ DELETE
NAME **KOCH, HOWARD S**
STREET ADDRESS **3001 NW 49TH AVE #104**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 (954) 484-3570

CR2E034 (11/98)

0293981