ANNUAL 19			DA DEPARTME Sandra B Mo Secretary of SION OF CORF	State					
DOCUME 1. Corporation Name BOURQUE	NT # 517589 & DAWSEY, M.D., P.A.) (1	B)						
Principal Place of Business Mailing Address					[]				
951 N W 13 ST SL BOCA RATON FL 3		951 N W 13 S BOCA RATON			3. Date I	ncorporated or Qual	ified 3a. Di	ate of Last R	leport
2. Principal Place of	fRusiness	2a. Mailing Add			4. FEI N	01/1976		<u>04/27/19</u>	Applied For
1 1		26				- 1697827			Not Applicable
Suite, Apt. #, etc 2		Suite, Apt. #	, etc.		5. Certifi	cate of Status Desire	eđ 🔲	•	Additional Required
City & State 3		City & State				on Campaign Financi Fund Contribution	ing	•	0 May Be to Fees
Zip	Country	Zip		Country	8. This c	orporation has liabilit		e tax under s	
4	25 Name and Address of Current	29 1 Registered Agent	30	<u> </u>		a Statutes) Yes [] No lew Registere		
	TH STREET, #4C N FL 33486			83			-		-
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