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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 29, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 519575 1. Corporation Name

RAYMOND J. BEHAR, M.D., P.A.

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Principal Place of Business Mailing Address						Ì		•				
5652 MEADOW LANE 5652 MEADOWLANE										•		
NEW PORT RICHEY FL 34652-4036 NEW PORT RICHEY FL 34653							- 1	DO NOT WRITE IN THIS SPACE				
US							<u> </u>			IE IN IHIS	SPACE	·
	•						3	. Date Incorporated or	Qualifed	٠.		
		,,,						12/01/1976				
2. Principal F	Place of Business	2a.	Mailing Address				. 4	. FEI Number			Ar	oplied For
21		26						<u>59-1701395</u>			No.	ot Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					. Certifcate of Status D	ecired	<u> </u>		Additional
22		27					1	. Certificate of Status D	COIL ÉC	٠	Fee Re	equired
City & Sta	te		City & State				6.	. Election Campaign Fi	nancing		\$5.00	May Be
23		28						Trust Fund Contribution	on			to Fees
Zip	Country		Zip	Co	untry		8	. This corporation owes	the curr	ent vear Inf	tangible	
24	25	29		30				Personal Property Tax			Yes	□No
	9. Name and Address of Curren	nt Registe	ered Agent	1 1	T		10	. Name and Address		Registered	Agent	
		,			81	Name						
BEH	IAR, RAYMOND								-			·
310	HIGH ST.				82	Street A	Address (I	P.O. Box Number is No	t Accepta	ible)		
NEV	N PORT RICHEY FL 33552				83			10.70	81.00	8 5 1 5 6	and the same	273.51 (2.35) (4.37) 23876 \$1535 (4.88)
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					84	City	-		8 1 A 1 2 1 8 2	50 A 100	85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 60	7.1508, Florida Statu	ites, the a	above	-named c	corporatio	on submits this statemer	nt for the	purpose of	changing its	registered
agent. I a	am familiar with, and accept the obliga	ations of, S	Section 607.0505, Fl	orida Stat	tutes.	ine corpor	rauons b	oard of directors. I here	by accep	it uie appoi	nunent as re	gistered .
-									. 1			. 1
SIGNATURE							•					.
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if a	applicable. (NOT	E: Registere	d Ageni	t signature red	quired when	reinstating)		DATE	····	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN			E: Registered		t signature red		reinstating) : 1 4 3 1. ADDITIONS/CHANGES	S TO OF		ID DIRECTO	DRS IN 12
	Signature, typed or printed name of registered agen					t signature red		ADDITIONS/CHANGES	S TO OF		ND DIRECTO	DRS IN 12
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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 off appears with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP