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 # 523429

1. Corporation Name

SIDNEY GUTSIN, P.A.			
Principal Place of Business	Mailing Address		
10220 W SAMPLE ROAD CORAL SPRINGS FL 33065	10220 W SAMPLE ROAD CORAL SPRINGS FL 33065		
Principal Place of Business The Place of Business The Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90160 018 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/01/1977 4. FEI Number Applied For 59-1720951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GUTSIN, SIDNEY 82 Street Address (P.O. Box Number is Not Acceptable) 10220 W SAMPLE ROAD CORAL SPRINGS FL 33065 83

	84	City	FL	85	Zip Code
es, the at	ove by	e-named corporation submits this state the corporation's board of directors.	itement for the purpose of ch I hereby accept the appointr	nang	ing its registered t as registered

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	GUTSIN, SIDNEY	1.2 NAME				
STREET ADDRESS	1721 N. W. 126TH DRIVE	1.3 STREET ADDRESS	<u> </u>			
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP				
TITLE	SD DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	GUTSIN, MARSHA	2.2 NAME				
STREET ADDRESS	1721 N. W. 1 26TH DRIVE	2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	2. 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREET ADDRESS				
CITY-ST-ZIP		34 CITY-ST-ZIP				
TITLE	☐ OELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		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.