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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 545282 1. Corporation Name

STUART GOTTLIEB, M.D., CHARTERED

						1				
Principal Place	e of Business	Mailing Address								5.2 6.5 102.
495 BILTMORE WAY 495 BILTMORE WAY										
CORAL GABLES FL 33134 CORAL GABLES FL 33134							DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed				
						J.				
2 Principal P	Place of Business	2a Mailing Address				+-	09/15/1977 FEI Number		- i -	
	lace of Business	2a. Mailing Address				*				Applied For
Suite, Apt.	# ots	Suite, Apt. #, etc.	nt # etc			1	59-1771206 ·			Not Applicable
<u> </u>	— — ``` `	uite, Apt. #, etc.			5.	Certifcate of Status Desired		•	Additional Required .	
22						1.	The second second	• • •		
23 28						1	Election Campaign Financing		•	May Be
Zip	Country	Zip	Col	intry		+	Trust Fund Contribution			d to Fees
	25	— ·		лии у		8.	This corporation owes the curre	ent year Int	angible ⊠Yes	□No
24	9. Name and Address of Curre	29 29	30	Т		10	Personal Property Tax. Name and Address of New R	agistored		
	J. Hame and Address of Curr	ant ivediatelen Adelit		81	Name	10.	Haile alla Address of New N	egistereu	Agent	
GOT	TLIEB, STUART				· · ·	-			:	
495 BILTMORE WAY				82 Street Address (P.O. Box Number is Not Acceptable)			ble)		•	
	IAL GABLES FL 33134			20						
0011	- C C C C C C C C C C C C C C C C C C C			83					•	
				84	City		•		85 Zi	p Code
								FL	.	
office or re agent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	602 and 607.1508, Florida Statu e of Florida. Such change was : rations of. Section 607.0505. Fl	tes, the a authorized orida Stat	bove by t utes.	e-named corpor the corporation	ration 's bo	submits this statement for the part of directors. I hereby accep	purpose of t the appoi	changing ntment as	ts registered registered
SIGNATURE		,			1					
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	t signature required v	when re	instating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			Α	DDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	ORS IN 12
TITLE	PST	☐ DELETE	4 4 7	Ŧ					Chang	e Addition
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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 or an attachment with a address, with all other like empowered.

SIGNATURE: