## 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 # 555732

FRANK M. CRITTENDEN JR., M.D., P.A.

Principal Pla	ace of Business	Mailing Address				7 199797 81191 81191		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.011 2/211 100
1000 45TH S	STREET	1000 45TH STREET							
BUILDING #1		BUILDING #1				DO NOT	MOITE IN THIS	SDACE	
W PALM BCI	PALM BCH FL 33407 W PALM BCH FL 33407					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
						01/01/1978	illeu		
0 Dringing	Place of Business	2a, Mailing Address				4. FEI Number		I A	pplied For
—	Place of Busiless	H -				59-1783865			ot Applicable
21     Suite   Ar	of the etc	Suite, Apt. #, etc.				33 1100000			Additional
<b>—</b> ''	pt. #, etc.	27				5. Certifcate of Status Desire	ed 🛚		equired
22 City & S	tate	City & State			2-	-6Election Campaign Finance	ing	\$5.00	May Be
23		28				Trust Fund Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		to Fees
Zip j	Country	Zip	Cour	itry		8. This corporation owes the	current year In	tangible	
24	25	29	30			Personal Property Tax.	-	Yes	□No
<u></u>	9. Name and Address of Current	Registered Agent				10. Name and Address of N	ew Registered	Agent	
<u> </u>				81	Name				
	RITTENDEN, FRANK M, JR., M.D.			82	Stroot Add	iress (P.O. Box Number is Not Acc	rentable)		
	00 45TH STREET #1			02	Sileel Add	ileas (F.O. DOX Hamber is NOT Act	coptable)		
W	EST PALM BCH FL 33407		Ī	83					
			ļ					las Zin	Code
	·		l	84	City		FL	<b>85</b>   Zíp	Code
	or registered agent, or both, in the State of Learning with and account the obligation								,
SIGNATUR	I am familiar with, and accept the obligation  E  Signature, typed or printed name of registered agent				signature require	ed when reinstating)	DATE		
· • !	RE	and title if applicable. (NOTE			signature require	ed when reinstating)  ADDITIONS/CHANGES TO		ND DIRECT	
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered /	Agent s	signature require			ND DIRECT	ORS IN 12
SIGNATUR	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE	Registered /	Agent s	signature require				
SIGNATUR	Signature, typed or printed name of registered agent OFFICERS AND PD CRITTENDEN, FRANK M., JR	and title if applicable. (NOTE	13. 1.1 TITI 1.2 NA	Agent s LE ME	signature require				
SIGNATUR  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CRITTENDEN, FRANK M., JR	and title if applicable. (NOTE	13. 1.1 TITI 1.2 NA	Agent s LE ME REET A	ADDRESS			Change	Addition
SIGNATUR  12.  TITLE  NAME  STREET ADDRE	Signature, typed or printed name of registered agent OFFICERS AND CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1	and title if applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF	Agent s LE ME REET A Y-ST-	ADDRESS				
SIGNATUR  12.  TITLE  NAME  STREET ADDRE	PD CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1 W PALM BEACH FL	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TIVI 1.2 NAI 1.3 STF 1.4 CIT	Agent s LE ME REET A Y-ST-	ADDRESS			Change	Addition
SIGNATUR  12. ITILE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE	PD CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1 W PALM BEACH FL STD CRITTENDEN, FRANK M JR	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent s  LE  ME  REET A  Y-ST-	ADDRESS			Change	Addition
SIGNATUR  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME	PD CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1 W PALM BEACH FL STD CRITTENDEN, FRANK M JR	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent s LE ME REET A Y-ST-	ADDRESS ZIP			☐ Change	Addition
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SIGNATUR  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE	PD CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1 W PALM BEACH FL STD CRITTENDEN, FRANK M JR 1000 45TH ST BLD 1 W PALM BEACH FL	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TM 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	Agent s  LE  ME  REET A  LE  ME  TY-ST-  LE  LE  ME  ME  ME  ME  ME  ME  ME  ME	ADDRESS ZIP			☐ Change	Addition
SIGNATUR  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME	PD CRITTENDEN, FRANK M., JR 1000 45TH STREET, #1 W PALM BEACH FL STD CRITTENDEN, FRANK M JR 1000 45TH ST BLD 1 W PALM BEACH FL	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TM 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	Agent s  LE  ME  Y-ST- LE  ME  TY-ST- LE  ME  REET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			☐ Change	Addition  Addition  Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90028 010 \*\*\*150.00