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 # 566672

1. Corporation Name

THORNBURGH, GARBER & KETABCHI, M.D., P.A.

Principal Place of Business
605 SAN MARCO DR

Mailing Address

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90042 015 ***150.00



3. Date Incorporated or Qualifed				
03/01/1978				
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For			
26 59-1798986	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country Zip Country 8. This corporation owes the current year Interest 25 29 30 Personal Property Tax.	angible □ Yes □ No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered.	10. Name and Address of New Registered Agent			
GARBER HAROLD E				
605 SAN MARCO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33301				
84 City	85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I a	n familiar with, and accept the obligations	of Section 607.0505, Florid	a Statutes.	1-4-	a a	
SIGNATURE	Signature, type of printed famile of registered agent and	TOPES LAPTON	egistered Agent signature required	d when reinstating) DATE	7	
12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE ,	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	THORNBURGH, DAVID B		1.2 NAME			
STREET ADDRESS	420 W SAN MARINO DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 00000		1,4 CITY-ST-ZIP			
TITLE	PDT	DELETE	2.1 TITLE		Change	☐ Addition
NAME	GARBER, HAROLD E.		2.2 NAME			
STREET ADDRESS	605 SAN MARCO DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2. 4 CITY-ST-ZIP			
TITLE	VSD	☐ DELETE	3.1 TITLE		Change	Addition
NAME	MASOUD, KETABCHI		3.2 NAME			
STREET ADDRESS	7245 GLENEAGLE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKE FL 33014		3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<u> </u>
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.

SIGNATURE: