FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 594950 1. Corporation Name

C. VAN DEN HEUVEL, M.D., P.A.

Principal Place of Business	Mailing Address
848 S SEACREST BLVD	2848 D SEAREST BLVD
OYNTON BEACH FL 33435	BOYNTIN BCH FL 33435

2a. Mailing Address

FILED Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90004 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/01/1979 4. FEI Number

.

Applied For

21		26			59-18704 <u>06</u>		Not	Applicable
Suite, Apt.			5. Certificate of Status Desired	us Desired				
City & State					Election Campaign Financing	ng	\$5.00	May Be
23	28				Trust Fund Contribution	." 🗆	Added to	
Zip	Country	Zip	Zip Country		8. This corporation owes the o	urrent year In	tangible	
24	25	30			Personal Property Tax.			□No
	9. Name and Address of Current R	egistered Agent			10. Name and Address of Ne	w Registered	Agent	
14881	DELL'INTERNATION		81	Name				-
VAN	DEN HEUVEL, C S SEACREST BLVD		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable):		
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, BUT	NTON BCH FL		83				使影響	
4			84	City			85 Zip C	ode
				<u></u>		FL	a l	
office or r	to the provisions of Sections 607.0502 a	Florida. Such change was auti	honzed by	the corporation	oration submits this statement for t in's board of directors. I hereby ac	ne purpose of cept the appor	cnanging its intment as req	registered gistered
agent. I a	m familiar with, and accept the obligation	s of, Section 607.0505, Florid	la Statutés.	,			•	
SIGNATURE	-					DATE		
	Signature, typed or printed name of registered agent an OFFICERS AND I		egistered Agen	nt signature required	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
12.		DELETE	1.1 TITLE		ADDITIONAL TOTAL T	G1110C11071	Change	Addition
	PD		1.2 NAME				_	
NAME	VAN DEN HEUVEL, C. (VST) 2848 S SEACREST BLVD		1.3 STREET	r ADDDCCC				
STREET ADDRESS								
CITY-ST-ZIP	BOYNTON BCH, FL 00000	☐ DELETE	1.4 CITY-ST 2.1 TITLE	1. ZIP			Change	Addition
NAME		<u></u>	2.2 NAME				. – -	
STREET ADDRESS			2.3 STREET	TADDRESS				
CITY-ST-ZIP			2.4 CITY-S	· · · · · · · · · · · · · · · · · · ·				
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TITLE		☐ DELETE	4.1 TITLE		11. 1 C	1,415.72	Change	Addition
			4. 2 NAME					
NAME STREET ADDRESS		6° à	4,3 STREET	TADDRESS				
CITY-ST-ZIP	1 * 1 · 2 · 4	, ,	4.4 CITY-ST					
TITLE	1	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	,		5.2 NAME					
STREET ADDRESS			5.3 STREET	T ADDRESS		•		
CITY-ST-ZIP	7°E		5.4 CITY-ST	T-ZIP .			<u>.</u>	
TITLE	MAN SE SECTION TO	☐ DELETE	6.1 TTLE				Change	☐ Addition
NAME 5/	22/11/3 JAM 11/2 11/4		6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS				
CITY-ST-ZIP	· ·		6.4 CITY-ST	T-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:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

///3/99

561-737-8844

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