PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600050

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90012 031 \*\*\*150.00

| BASIL M. YATES, M.D., P.A.  Principal Place of Business  Mailing Address  590 E 25TH ST - SUITE 601  HIALEAH FL 33013-3896  HIALEAH FL 33013-3896  |   |
|--|---|
| Principal Place of Business Mailing Address 590 E 25TH ST - SUITE 601 590 E 25TH ST - SUITE 601  |   |
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|  |   |
| HIALEAH FL 33013-3896 HIALEAH FL 33013-3896  |   |
| DO NOT WRITE IN THIS SPACE   |   |
| 3. Date Incorporated or Qualifed   |   |
| 10/21/1961   |   |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number   | Applied For   |
| 21 26 59-0946733   | Not Applicable  |
| E Cortifonto of Statue Degrad  | 75 Additional<br>e Required   |
| City & State City & State 5.1  | <b>00</b> May Be  |
| 23 Trust Fund Contribution Add   | ded to Fees   |
| Zip Country 2ip Country 8. This corporation owes the current year Intangible   | ~~.   |
| 24         25         29         30         Personal Property Tax.         Yes   | □No   |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent   | <del></del>   |
| YATES, KATHLEEN R  |   |
| 590 EAST 25 STREET  82 Street Address (P.O. Box Number is Not Acceptable)  |   |
| SUITE 601 83   |   |
| HIALEAH FL 33013   | Zip Code  |
| <b>84</b> City <b>FL</b>  85  2  |   |
| ; ·  | 210 0000  |
| 4. Decide State of Continue Co. 1502 and 507 4509. Elegide Statutes the charge page of concretion submits this statement for the nursuse of Changing   | a its registered  |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 Date (305) 8361940 Daytime Phone # CR2E034.(1:1/9