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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 600198 1. Corporation Name

GENERAL PRACTICE ASSOCIATES, P.A.

Principal Place	ARK	Malling Address C/O LAZAR, MARK					
3301 JOHNSON ST. 3301 JOHNSON ST HOLLYWOOD FL 33021-5419 HOLLYWOOD FL 33021-5419			۵		DO NOT WRITE IN THIS SPACE		
US US		3		3. Date Incorporated or Qualifed			
{	• • • • • • • • • • • • • • • • • • • •				09/03/1963		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1011403		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
City & State		27 City & State				Required	
City & State	e	28 28			Election Campaign Financing Trust Fund Contribution	1 1	May Be d to Fees
Zip Country		Zip			This corporation owes the current		<u> </u>
han been been			30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	legistered Agent	
1 47/	AR, MARK		81	Name			
	JOHNSON ST	· · · · · · · · · · · · · · · · · · ·	82	Street Add	Iress (P.O. Box Number is Not Accepta	ible)	
	LYWOOD FL 33021		83			·	
						e est	
			84	City	· ·	FL 85 Zi	p Code
	est, as	12 and 607 1508 Florida Statute	s the above	e-named com	poration submits this statement for the	purpose of changing	its registered
11. Pursuant	to the provisions of Sections 607.050	re and don. 1990, I londa Statute	.s, ale above				
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporation	ion's board of directors. I hereby accep	t the appointment as	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accep	t the appointment as	registered
office or n agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agei	of Florida. Such change was au ations of, Section 607.0505, Flori nt and title if applicable. (NOTE: I	ithorized by ida Statutes	the corporation.	on's board of directors. I hereby accep	DATE	
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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.

6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 005 ***150.00

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