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 # 601602

JAY H. VANDEN BOSCH MD PA

8600 SW 92 ST. #202 **MIAMI FL 33156**

Principal Place of	Business	Mailing Addres					
8600 SW 92ND ST MIAMI FL 33156	#202	8600 SW 92ND MIAMI FL 33158		DO NOT WRITE IN T	HIS SPACE		
				3. Date Incorporated or Qualifed 10/28/1969			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
		26		59-1276665	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	Žip	Country	8. This corporation owes the current year			
_4	25	29	30	Personal Property Tax.	☐ Yes ☐ No		
9	. Name and Address of Cu	rrent Registered Agen	10. Name and Address of New Registered Agent				
VANDE	BOSCH. JAY H.		81 Name				

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

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City

•	m familiar with, and accept the obligations of, Section 607.0505, F	iona cialatos.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature red	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD DELETE	1.1 TITLE		•	☐ Change	Addition Addition
NAME	VANDEN BOSCH,JAY H	1.2 NAME		•	•	
STREET ADDRESS	8600 SW 92 ST. #202	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME		22 NAME	i			
STREET ADDRESS		2.3 STREET ADDRESS		4.3		· .
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS		•	,	
CITY-ST-ZIP		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				
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				
OCD / OT 710		64 CITY, ST. 7IP				

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.

Street Address (P.O. Box Number is Not Acceptable)

305-271-0445

Zip Code

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FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90138 024 ***150.00