

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90055 044 ***150.00

DOCUMENT # 603747

1. Corporation Name

PALM BEACH EYE ASSOCIATES - RICHARD G. SHUGARMAN,
M.D. AND EMANUEL NEWMARK, M.D., P.A.

Principal Place of Business

140 JOHN F. KENNEDY CIRCLE
SUITE 140
ATLANTIS FL 33462

Mailing Address

140 JOHN F. KENNEDY CIRCLE
SUITE 140
ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1972

4. FEI Number

59-1420390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 109A JPK Dr

2a. Mailing Address

26 109A JPK Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Atlanta FL

City & State

28 Atlanta FL

Zip Country

24 33462 25

Zip Country

29 33462 30

9. Name and Address of Current Registered Agent

SHUGARMAN, RICHARD G., M.D.
140 JOHN F. KENNEDY CIRCLE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

Atlanta

FL

85 Zip Code

33462

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHUGARMAN, RICHARD G
STREET ADDRESS 140 JOHN F. KENNEDY CIR
CITY-ST-ZIP ATLANTIS FL

☐ DELETE

TITLE TD
NAME SHUGARMAN, RICHARD G.
STREET ADDRESS 140 JOHN F. KENNEDY CIR
CITY-ST-ZIP ATLANTIS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)