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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604239

LOUIS LEMBERG, M.D., P.A.

| Principal Place of Business Mailing Address | | | | | | IR CONT DIRAN OLDIN BIDIN OLDIN BIDIN GUDIN GUDIN |
|---|---|--------------------------------------|--|--|---|---|
| 3661 S MIAMI AVENUE | | 3661 S MIAMI AVENUE | | | | |
| SUITE 606 | | SUITE 606 | | | | |
| MIAMI FL 33133-4214 | | MIAMI FL 33133-4214 | | | E IN THIS SPACE | |
| US | | US | | 3. Date Incorporated or Qualifed | | |
| | | | | | 03/29/1973 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | <u> </u> | 26 | | | 59-1450566 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | Fee Required | |
| 22 | | City & State | | | a. Electica Compaign Financing | |
| City & State | e | ⊢ ' | | | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 23 | Country | 28 | Cour | itrv | This corporation owes the curre | |
| Zip | 25 | <u> </u> | 30 | , | Personal Property Tax: | ☐Yes ☐No |
| 24 | 9. Name and Address of Curren | | 100 | | 10. Name and Address of New Ro | egistered Agent |
| | 3. realife dita Address 5. 321 | | | 81 Name | | |
| LEM | BERG, LOUIS | | } | 00 01 | Address (D.O. Berry Muserhan in Not Apportal | |
| | S. MIAMI AVE., STE. 606 | | Ì | 82 Street A | Address (P.O. Box Number is Not Acceptate | Die) |
| | MI FL 33132 | | • | 83 | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | 84 City | | FL 85 Zip Code |
| 11 Pursicant | to the provisions of Sections 607,050 | 2 and 607.1508, Florida Statute | es, the ab | ove-named o | corporation submits this statement for the paration's board of directors. I hereby accept | ourpose of changing its registered |
| office or r | egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida Such change was a | uthorized | by the corpo | oration's board of directors. I hereby accept | t the appointment as registered |
| opragent. ⊬a | m tamiliar with, and accept the boliga | Lauris Of Section 607 .0000; Field | ida Otato | | . /. | 100 |
| | | المنتسر | | | 1112 | 779 |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | : Registered . | Agent signature re | equired when reinstating), | DATE |
| SÌGNATURE | Signature, typed or printed name of registered ages | nt and title if applicable. (NOTE: | Registered . | Agent signature re | equired when reinstating). ADDITIONS/CHANGES TO OFF | |
| | | <u>i</u> | | | ADDITIONS/CHANGES TO OFF | DATE CICERS AND DIRECTORS IN 12 Change Addition |
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| 12. | PD LEMBERG, LOUIS | ID DIRECTORS | 13. 1,1 TII 1.2 NA | LE | ADDITIONS/CHANGES TO OFF | |
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14. 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 suppliemental 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 27, 1999 8:00am

Secretary of State

01-27-1999 90044 003 ***150.00