Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90031 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605154

1. Corporation	n A. BROADMAN, D.O., P.								
Principal Place of Business Mailing Address							å IMBTIM Bitti EBIBI Atthi comb Ariti Bine i	EIBH AIGH BIBH AIRH A	
3714 CATHEDRAL COVE RD JACKSONVILLE.F L 32217			3714 CATHEDRAL COVE RD JACKSONVILLE.F L 32217				DO NOT WRITE IN	THIS SPACE	
						1	Date Incorporated or Qualifed 05/08/1974		
2. Principal P	lace of Business	2a. Mailing /	2a. Mailing Address			4.	FEI Number	At	plied For
21		26	26			- 9	59-1520717	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certifcate of Status Desired	Fee Re	Additional equired
City & Stat	e	City & S	City & State			6.	Election Campaign Financing	-~ \$5.00	
23		28					Trust Fund Contribution		to Fees
Zíp	Country	Zip	Zip Cour			8.	This corporation owes the current ye		Next.
24	25	29	29 30			Personal Property Tax.			(JZSN O
			10.	Name and Address of New Registr	ered Agent				
222	ADMAN OFFICE			81	Name				
BROADMAN, STEPHEN			82	Street Add	dress (P.	O. Box Number is Not Acceptable)			
	CATHEDRAL COVE RD.								
JACKSONVILLE,F L FL 32217									
				84	City			FL	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	A OF FIORIDA, SUCH C	change was audio	orized by	ule corporat	poration tion's bo	submits this statement for the purpo ard of directors. I hereby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	Signature typed or printed name of registered ag	jent and title if applicable.	(NOTE: Rec	gistered Ager	nt signature requi			TE .	
12.	OFFICERS A	ND DIRECTORS		13.		A	DDITIONS/CHANGES TO OFFICER		ORS IN 12 Addition
TITLE	PD	ı	☐ DELETE	1.1 TITLE	}			☐ Change	Accition
NAME	BROADMAN, STEPHEN			1.2 NAME					
STREET ADDRESS	3714 CATHEDRAL COVE RD.			1.3 STREET	TADORESS				
CITY-ST-ZIP	JACKSONVILLE,F L			1.4 CITY-S	T- ZIP				
TITLE	S DELETE		2.1 TITLE				Change	☐ Addition	
NAME	BROADMAN, RUCHEL			2.2 NAME					
STREET ADDRESS	3714 CATHEDRAL COVE RD.			2.3 STREET	TADDRESS .				Į
CITY-ST-ZIP	-JACKSONVILLE,F-L			2.4 CITY-9	ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME				3.2 NAME	ĺ				į
STREET ADDRESS				3.3 STREET	TADDRESS				
CITY-ST-ZIP			1	3.4. CITY-S	ST-ZIP				
TITLE			DELETE	4.1 TITLE		_		Change	☐ Addition

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 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 empswered 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DELETE

□ DELETE

) - / e G

704-733-7070

☐ Addition

☐ Addition

☐ Change

Change

2F034 (11/98)