FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 627685



Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-14-1999 90007 025 ***150.00

RICHARI	D.D. KNAPP, D.O., P.A.									
Principal Place	e of Business	Mailing Address					AR TIRIS ARBIS BITOR I	IPKBI BIN BIBIR BI		(BIS ORBIT 1885 .
1150 N. 35TH AVENUE 1150 N. 35TH AVENUE										
SUITE 330 SUITE 330										
HOLLYWOOD F	OLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
						06/21/1979	•			
Principal Place of Business 2a. Mailing Address						4. FEI Number				olied For
21 26						59-192616	9		Not	Applicable
Suite, Apt. #, etc.						5. Certificate of S	tatus Desired		\$8.75 A	
22 27			<u>.</u>						Fee Re	·
City & State City & State						6. Election Camp			\$5.00	• •
23 28			0			Trust Fund Co			Added to	Fees
Zip	Country	Zip	Country	′		8. This corporati		rrent year Inta		IZNo □
24	25	29 3	0			Personal Prop		Degistered	Yes	(BELIAD
	9. Name and Address of Curren	Registered Agent	81	Na	me	TU. Name and A	intess of Mem	Negistered i	-yent	
KNA	.PP, RICHARD D.		"	110	itto					
1150 N 35TH AVE				Str	eet Addres	ss (P.O. Box Numb	er is Not Accep	table)		
SUITE 330			02	1						
HOLLYWOOD FL 33021			83	1						
HOLETWOOD PL 35021				Cit	у			FL	85 Zip C	ode
44 Purcuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above	} e-nan	ned como	ration submits this s	tatement for the	nurnose of	changing its	registered
office or r	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the c	orporation	's board of director	s. I hereby acce	ept the appoir	itment as rec	jistered
SIGNATURE		ALATT. D		_t =i===	tura raquirad i	when reinstating)		DATE	1	\
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	iit giğilə	itala i adali ea i	ADDITIONS/CI	ANGES TO O		D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		<u> </u>	ADDITIONO, O.			☐ Change	Addition
NAME	KNAPP, RICHARD D	_	1.2 NAME							ĺ
STREET ADDRESS	CORAL COMPLETE ALITE AAA			T ADDR	ESS					Ì
	HOLLYWOOD FL	000	1.4 CITY-S							
CITY-ST-ZIP TITLE	ST	☐ DELETE	2.1 TITLE	11-21	+	_			Change	Addition
NAME	KNAPP, BARBARA E	_	22 NAME						-	ļ
STREET ADDRESS	large and the second se			T ADDR	erss -	· <u></u>	-	• •		
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NAME	32)								_ •	
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1			4.1 MLE 4.2 NAME							
NAME					, ree)
STREET ADORESS			4.3 STREE		(ESS)					
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NAME			5.3 STREE	T ALVINO	Eee					1
STREET ADDRESS					1.33					ļ
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-212	-				Change	Addition
TITLE	•	☐ DETEIE	6.2 NAME						Change	
NAME	LANC .			T 4 P.P.	v.c.c.					{
STREET ADDRESS			6.3 STREE	i addr	Œ55 I					1

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 CFTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FER OR DIRECTOR

Daytime Phone #