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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 666404

**FILED** Feb 11, 1999 8:00am **Secretary of State** 

02-11-1999 90038 017 \*\*\*150.00

STUART	CYPEN, D.O., P.A.								
Principal Place	e of Business	Mailing Address							81811 81811 (891
1613 NORTH HIATUS ROAD 1613 NORTH HIATUS ROAD			AD						
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026						DO NOT WRIT	E IN THIS	CDACE	
						3. Date Incorporated or Qualifed	IE IN THIS	SPACE	
						04/01/1980			4,6
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-1989445			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional lequired
22		City & State				2 T. 11 D. Florada			
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zin	Country	Zip	Cou	ntrv		This corporation owes the current	ont woor Int		101663
Zip	25	29	30	, u y		Personal Property Tax.	ent year no	Mes	□No
24	9. Name and Address of Curre					10. Name and Address of New R	egistered		-
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CYPI	en, stuart, d. o.		İ				1.1.		·
1613	NORTH HIATUS ROAD			82 Stre	et Addre	ess (P.O. Box Number is Not Accepta	ible)		
PEM	BROKE PINES FL 33026			83					
			l	84 City		e William and	EI.		Code
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statu	ites, the at	ove-nam	ed corpo	oration submits this statement for the	purpose of it the appoi	cnanging ii intment as i	s registered eaistered
agent. I a	im familiar with, and accept the oblig	jations of, Section 607.0505, Fi	onda Statt	tes.		oration submits this statement for the n's board of directors. I hereby accept when reinstating)	purpose of it the appoi	intment as i	s registered egistered
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	jations of, Section 607.0505, Fi	onda Statt	tes.			DATE		ORS IN 12
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	tes. Agent signati		when reinstating)	DATE		ORS IN 12
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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 trusted 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 attactment with an address, with all other like empowered.

SIGNATURE: 🗹