## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT Sandra B. Morti

Secretary of Star DIVISION OF CORPORATIONS

DOCUMENT #

(4)

**FILED** Feb 23 1998 8:00am Secretary of State

	HERBERT PARDELL	., D.O., P.A.					L IOONEO BAKIR ESIGI ABAKI IOONE OONEE	Naj anam atang anam	OLANE DYAY	H BIRIH IAAN	
Principal Place of Business Mailing Address							1 (2011) 31116 (AIG1 10111 1061) 31218 1	18: 618:1 6181: 618:1	01011 B181	II #1801 (891	
	19044 NE 29TH AVE		210 S. FEDERAL HWY								
302			302 HOLLYWOOD FL 12020				DO NOT WRITE IN THIS SPACE				
AVENTURA FL 33180 US			US /				3. Date Incorporated or Qualified				
			/				08/12/1981				
2.	Principal Place of Business		2a. Mailing Address		11 -		4. FEI Number		ΙAρ	plied For	
21	<del></del>		26 19044 NE	9- Ave		59-2112401	į	-	t Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					□ \$8	8.75 A	Additional	
22	2		27				5. Certificate of Status Desired		Fee Re	quired	
	City & State		City & State		TI		6. Election Campaign Financing		5.00	May Be	
23		<del></del>	AVENTURA F/			Trust Fund Contribution		Added to	o Fees		
	·	Country	2 Z 3/80	Coun	21	110	16. This corporation owes or has pa		_		
24	25		<u> </u>	30 /	210	n sy	Personal Property Tax due June			No No	
	<u>~`</u>	Address of Current Ro	egisterea Agent	10. Name and Address of New Registered Agent  81 Name							
HARBERT, PARDELL, DO					or Name						
	2170 BAYBERRY I	8	82 Street Address (P.O. Box Number is Not Acceptable)								
	PEMBROKE PINES FL 33024					83					
				ľ	"						
				8	4 City			FL 85	Zip C	Code	
-11	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 rogistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12		OFFICERS AND D	<del> </del>	13.	April piñilotoro	TBQUIBQ	ADDITIONS/CHANGES TO OFFIC		ECTOR:	S IN 12	
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CIT	Y-ST-ZIP	and the second section of	his filip Abot and and	6./C/TY			notion 110 07/9Vi) Florido Crotidos 1	further codifica	hat the	information	
14	<ul> <li>indicated on this annual rep</li> </ul>	rmation supplied with t port or supplemental an	ing ming goes nowquainy to ngual report is true and acov	reje eta	bat pry sig	nature	ection 119.07(3)(i), Florida Statutes. I shall have the same legal effect as it	f made under o	natine i sath; tha	tlam an	
14. I hereby certify that the information supplied with this filing flows not qualify for the exposition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual persons to use and accordate provide 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 hypotherical providers in Block 12 or Block 13 if changed, or on an attachnical providers and that my name appears in Block 12 or Block 13 if changed, or on an attachnical provider and accordance in Block 12 or Block 13 if changed, or on an attachnical provider and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or hypotherical providers in Block 12 or Block 13 if changed, or on an attachnical providers.											