

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 017 ****61.25

DOCUMENT # 745269

Corporation Name

CORAL REEF MEDICAL PARK, INC.

Principal Place of Business

15512 SW 142 CT.
MIAMI FL 33177

Mailing Address

15512 SW 142 CT.
MIAMI FL 33177



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1978	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1902036	
City & State		27 City & State		Applied For Not Applicable	
Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VAN HORN, CHARLES 15512 SW 142 CT. MIAMI FL 33177				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	GREENE, KARL	1.2 NAME	
REET ADDRESS	9299 SW 152 ST #202	1.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
LE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	STURGE, CARL	2.2 NAME	
REET ADDRESS	9299 SW 152 ST., #205	2.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
LE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	URIZAR, GUIDO	3.2 NAME	
REET ADDRESS	9299 SW 152 ST., #200	3.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)