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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F36815

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90030 003 ***150.00

SAND	MARTIN, M.D., P.A.									
Principal Pla	ace of Business	Mailing Address						 	III BUBIL BUBIL II	
5258 LINTON BLVD. #306 DELRAY BCH FL 33484 5258 LINTON BLVD. #306 DELRAY BCH FL 33484										
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						3. Date Incorporated or Qu 06/01/1981	lalited			
<u> </u>	Place of Business	2a. Mailing Addres				4, FEI Number			Applied For	\dashv
21		26				59-2095008		⊢ +	Not Applicab	le l
Suite, Ap	ot. #, etc.	Suite, Apt. #, 6	etc.			5. Certifcate of Status Des			Additional	
City & Sta	ata	27				5. Certificate of Status Des	ired 🗆		Required	
23		— ´	City & State				ncing	\$5.0	May Be	
Zip	Country	Zip		ountry		Trust Fund Contribution		Added	d to Fees	
24	25	29	30	Outility		8. This corporation owes the	e current year			ľ
	9. Name and Address of Curr		30	Т		Personal Property Tax. 10. Name and Address of	New Pogistor	☐ Yes	□No	
			···········	81	Name	.o. manio and Address Of	LeAretel	eu wyent		ᅱ
525	RTIN, SANDY 58 LINTON BLVD, #306			82	Street Addre	ess (P.O. Box Number is Not A	cceptable)			4
DEI	LRAY FL 33484			83	<u></u>		55. A. W. 18	nijā. Pariji	15 1 2 2 1 2 1	\vdash
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11. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida te of Florida, Such change	Statutes, the	above-	named corpo	pration submits this statement f	or the purpose	of changing it	s registered	-
agent. I a	am familiar with, and accept the oblig	502 and 607.1508, Florida te of Florida. Such change gations of, Section 607.050	Statutes, the was authorize 05, Florida Sta	above- ed by thatutes.	named corporation	pration submits this statement f on's board of directors. I hereby	or the purpose accept the ap	of changing it pointment as r	s registered egistered	
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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 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.

SIGNATURE:

MINISTRATOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/18/99 861-498 2911 Daytime Phone #