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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F38236** 1. Corporation Name

EUGENE J./STRASSER, M.D., P.A.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 044 \*\*\*150.00



| Principal Place   | e of Business  | Mailing Address                      |  |  |   | 120 Alli Aldis Blait Albii Aff | 14 WESTER BIL   | <b>G</b> ( <b>G</b> () 1 <b>90</b> 1 |
|---|--|--------------------------------------|--|--|---|--------------------------------|-----------------|--------------------------------------|
| 1505 UNIVERSITY DR. 1505 UNIVERSITY DR.   |  |                                      |  |  |   |                                |                 |                                      |
| CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071   |  |                                      |  |  | DO NOT WE!                              | TE IN THIS SPAC                | `C              |                                      |
|   |  |                                      |  |  | 3. Date Incorporated or Qualifed        | IE IN THIS SPAC                | <u>/E</u>       |                                      |
|   |  |                                      |  |  | 07/22/1981                              |                                |                 | }                                    |
| 2 Principal P   | lace of Business   | 2a. Mailing Address                  |  | _  | 4. FEI Number                           |                                | App             | ied For                              |
| 21  | 1000 01 000111000  | 26                                   |  |  | 59-2110933                              |                                | <del></del>     | Applicable                           |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                  |  |  |   | □ \$8                          | .75 Ac          | Iditional                            |
| 22  |  | 27                                   |  |  | 5. Certifcate of Status Desired         |                                | ee Req          | uired                                |
| City & Stat   | te   | City & State                         | -  |  | 6. Election Campaign Financing          | 1 1                            | 5.00 N          | •                                    |
| 23  |  | 28                                   |  |  | Trust Fund Contribution                 |                                | dded to         | Fees                                 |
| Zip '   | Country  | Zip                                  | Country  | ,  | 8. This corporation owes the curr       |                                |                 | ا ا                                  |
| 24  | 25   | 29 30                                | J  |  | Personal Property Tax.                  | Orgintared Agent               |                 | □No                                  |
|   | 9, Name and Address of Curre   | nt Registered Agent                  | 81   | Name   | 10. Name and Address of New F           | redistaion võeui               | <u> </u>        |                                      |
| STR   | ASSER, EUGENE J.   |                                      | · [  | Marile   |   | •                              |                 |                                      |
| 1505 UNIVERSITY DR.   |  |                                      | 82   | Street Addr  | ess (P.O. Box Number is Not Accepta     | ible)                          |                 |                                      |
| CORAL SPRINGS FL 33071  |  |                                      | 83   |  |   | <del></del>                    |                 |                                      |
|   |  |                                      |  |  |   |                                |                 |                                      |
| • .   |  |                                      | 84   | City   |   | FL 85                          | Zip C           | ode                                  |
| 11. Pursuant  | to the provisions of Sections 607.056  | 02 and 607.1508, Florida Statutes,   | the above  | e-named corp   | oration submits this statement for the  | purpose of chang               | ing its r       | egistered                            |
| office or r   | registered agent, or both, in the State<br>am familiar with, and accept the obliga | etions of, Section 607.0505, Florida | onzed by<br>Statutes   | tne corporations.  | on's board of directors. I hereby accep | n me appointmen                | ı as regi       | otered                               |
| SIGNATURE   |  |                                      |  |  |   |                                |                 | •                                    |
| SIGNATURE   | Signature, typed or printed name of registered age                                 |                                      | gistered Ager  | nt signature require   | d when reinstating)                     | DATE                           |                 |                                      |
| 12.   | <del>,</del>   | ND DIRECTORS                         | 13   |  | ADDITIONS/CHANGES TO OF                 |                                |                 | S IN 12                              |
| TITLE   | PD   | DELETE                               | 1.1 TITLE  | 1  |   | L \                            | hange           | ☐ Addition                           |
| NAME  | STRASSER, EUGENE   |                                      |  |  |   |                                |                 |                                      |
| STREET ADDRESS  | 1505 UNIVERSITY DR.  |                                      | 1.2 NAME   |  |   |                                |                 |                                      |
| CITY-ST-Z)P   |  |                                      |  | T ADDRESS  |   |                                |                 |                                      |
| TITLE   | CORAL SPRINGS FL   |                                      | 1.3 STREET   |  |   |                                | hausa           | □ Addition                           |
| 1   |  | □ DELETE                             | 1.3 STREET   |  |   |                                | hange           | Addition                             |
| NAME  |  | □ DELETE                             | 1.3 STREET   |  |   |                                | hange           | Addition                             |
| ĺ   | CORAL SPRINGS FL   | □ DELETE                             | 1.3 STREET<br>1.4 CITY-S'<br>2.1 TITLE<br>2.2 NAME   |  |   |                                | hange           | Addition                             |
| NAME  | CORAL SPRINGS FL   |                                      | 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S  | T-ZIP  |   |                                |                 |                                      |
| NAME<br>STREET ADDRESS  | CORAL SPRINGS FL   | _ DELETE                             | 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S -3.1 TITLE   | T-ZIP  |   |                                |                 | ☐ Addition                           |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CORAL SPRINGS FL   |                                      | 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S -3.1 TITLE 3.2 NAME  | T-ZIP  T ADORESS  ST-ZIP   |   |                                |                 |                                      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE   | CORAL SPRINGS FL   |                                      | 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET  | T-ZIP  T ADDRESS ST-ZIP  T ADDRESS                                     |   |                                |                 |                                      |
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CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS