Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90063 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT #	F47856
4. Composition Name	,

 Corporatio 	n Name						
LESLIE :	SHAWN, D.O., P.A.						
Principal Place of Business Mailing Address							
% LESLIE SHA	WN, D.O.	% Leslie Shawn, D.O.					
261 NORTH UNIVERSITY DRIVE 261 NORTH UNIVERSITY DRIVE				DO NOT WRITE IN THIS SPACE			
PEMBROKE PINES FL 33024-6715 PEMBROKE PINES FL 33024-6715		40/1J			3. Date Incorporated or Qualifed	7	
						10/08/1981	
2. Principal P	lace of Business	2a. Mailing Address	<u>-</u>			4. FEI Number Applied For	7
24	1000 01 0 10011101	26				59-2150091 Not Applicable	7
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	7
22		27				5. Certificate of Status Desired Fée Required	╛
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	4
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	-
24	25		30			Personal Property Tax. Yes Tho	4
	9. Name and Address of Curren	t Registered Agent		04	News	10. Name and Address of New Registered Agent	\dashv
CHV	,wn, leslie, d.o.			81	Name	,	
	NORTH UNIVERSITY DRIVE		ì	82	Street Addre	ress (P.O. Box Number is Not Acceptable)	١
	BROKE PINES FL 33024			83		· · · · · · · · · · · · · · · · · · ·	\dashv
FCIVI	DNOKE 1 11125 1 E 33024			83		•	
				84	City	FL 85 Zip Code	٦
							┥
office or r	registered agent or both in the State .	of Florida. Such change was at	ithorized	hv 1	the corporatio	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statu	ites.		1-31-99	
SIGNATURE	Signature, typed/or printed name of registered agen		Desistand	A	t eigestuse seguises	od when reinstating) DATE	1
12.		ID DIRECTORS	13.	- Gan	i signature requirec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	٦
TITLE	DP	☐ DELETE	1.1 T(T	LE.		Change Addition	n
NAME	SHAWN, LESLIE D O		1.2 NA	ME		•	
STREET ADDRESS	AND MORTH LINE EDOITY DO		1.3 ST	REET	ADDRESS		l
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CII	ry-st	r-ZIP		╝
TITLE		☐ DELETE	2.1 TIT	LE		Change Addition	n
NAME	1		2.2 NA	ME	1		1
STREET ADDRESS			2.3 ST	REET	ADDRESS		
CITY-ST-ZIP			2. 4 CI	TY-S	T-ZIP		
TITLE		☐ DELETE	3.1 TIT	ΠE		- Change - Addition	'n
NAME	1		3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4. CI	TY-\$1	T-ZIP		-
TITLE		☐ DELETE	4.1 TIT			Change Addition	ן מי
NAME			4.2 NA			•	
STREET ADDRESS			4 3 ST	REET	ADDRESS		
CITY-ST-ZIP		F7	4.4 CI		r-ZIP		_
TITLE		☐ DELETE				☐ Change ☐ Addition	gt.
NAME			5.2 NA		. ADDOCES		1
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				TY-ST	1.716	☐ Change ☐ Additio	
TITLE		☐ DELETE	6.1 TIT 6.2 NA			_ Onlings	
NAME					ADDRESS		- 1
STREET ADDRESS	·i		0.3 31	TICE	ADDRESS		- 1

CITY-ST-ZIP 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.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

Daytime Phone #