Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90050 005 ***150.00

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 # F73365

1. Corporation Name

A. ELIAS FEANNY, M.D., P.A.

Principal Place of Business Mailing Address					t iddisth ein read Juga Hill gil		*** B4B48 Æ4 E 11)	
9275 SW 152ND ST. 9275 SW 152ND ST.				ļ				
MIAMI FL 33157 MIAMI FL 33157					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/24/1982			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		- Ar	plied For
21 Philiopai P	lace of positiess	26			59-2223541		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired S8.75 Additional Fee Required				
22		City & State			A SI			
City & State City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	,	-8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	0		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre				10. Name and Address of New R	Registered A	lgent	
			81	Name				
	NNY, NORMA		82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
9365 SW 142 ST.			102					
MIAMI FL 33176			83					
			84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				j '		FL		
office or r agent. I a	registered agent, or both, in the State arn familiar with, and accept the obliga-	ot Florida. Such change was aut	norizea by	the corporation	on's board of directors. I hereby accep	ot the appoin	tment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: R	egistered Agei	nt signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	FEANNY, ANTHONY E		1.2 NAME					1
STREET ADDRESS	9275 SW 152ND ST.		1.3 STREE	TADORESS				
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-S	T- ZIP				
TITLE	S	☐ DELETE	2.1 TITLE				Change	Addition
NAME	FEANNY, NORMA		2.2 NAME					,
STREET ADDRESS	9275 SW 152ND ST.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			5 2 -4-	Change	Addition
NAME	Ì		3.2 NAME	Ì				'
STREET ADDRESS	3		3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY- 9	ST-ZIP			Chanca	Addition
TITLE	,	☐ DELETE	5.1 TITLE 5.2 NAME				☐ Change	☐ Addition
			- CANAME	1				

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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition