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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

STEPHEN N. MARTYAK, M.D., P.A.

Mailing Address

|--|

FILED

Apr 16 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address									T I TA DIKAD TITI TA DALI BITAT BITAT BITAT BITAT BEDIK				
210 JUPITER	LAKES BLVD.	210 JUPITER LAKES BLVD.											
BUILDING 4000, SUITE 201				BUILDING 4000. SUITE 201					DO NOT WRITE IN THIS SPACE				
JUPITER FL 33458 JUPITER FL 33458									3. Date Incorporated or Qualified			······································	\neg
									04/07/1982				1
2. Principal P				Mailing Address					4. FEI Number			Applied For	
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Sulte, Apt.	#, etc. سـر		<u> </u>	Sulle, Apt. #, etc.					5. Certificate of Status Desired			5 Additional	
22 30 City & State	<u> </u>		27	4305 Cyly & State								Required	4
		Bardens, FL	28	Palm Beach	Gan	don	25 Z		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip		Country	1=01/	Zip		untry		<u> ا</u>	8. This corporation owes or has paid				\dashv
Zip 24 38416	O	5 USA	29	33410	30	UZ	8A		Personal Property Tax due June 3	_	Yes	□ No	
	g, Name s	ind Address of Curren	t Regist	tered Agent]			10. Name and Address of New Reg	stered A	gent		\Box
MA	rtyak, ste	PHEN N., M.D.				B1	Name	!					
210 JUPITER LAKES BLVD.							Street	Street Address (P.O. Box Number is Not Acceptable)					
JUI	PITER FL 33	458				83				<u> </u>			_
						63							.
						84	City			FL	85 Z	ip Code	ヿ
€4 Purcuent	to the provisio	ne of Sections 607 0500	and 60	7 1509 Florida Statu	top the	above.	-namac	Loornor	ation submits this statement for the pu		hangin.	o ite registere	_
office or r	egistered age	nt, or both, in the State :	of Florid	la. Such change was	authorize	ed by	the cor	poration	n's board of directors. I hereby accept	the appo	intment	as registered	١
. •	tu istiliai witi	n, and accept the obliga	HONS OF	, Section 607.0505, Fi	ionaa Su	atutes	i.						-
SIGNATURE	Signature, typed o	r printed name of registered ager	nt and title i	il applicabie. (NO	TE Register	ed Age	nt signatur	e required	when reinstating)	DATE			۔ ِ
12.		OFFICERS AND	DIREC		13				ADDITIONS/CHANGES TO OFFICE				□ [
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NAME						VAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	artify that the	Information supplied will	h this fil	ling does not quelify f		OTY-S		od in Sa	notion 110 07/3Vi). Florida Statutes I fu	rthor oor	ify that t	ha information	\perp

Indicated on this annual report of supplied with this liting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the information indicated on this annual report is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on only attachment with an address.