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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F84813**

1, Corporation Name

NORTH RIDGE V.A. CENTER, INC.

Principal Place	of Business	Mailing Ad	ddress					,		6.561 (p.a.				
AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET. SUITE #405 MIAMI FL 33175		AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET, SUITE #405 MIAMI FL 33175							DO	NOT WR	ITE IN THIS	S SPACI	E	
US	· .	US					1	Date Inco 06/10/1	•	or Qualifed	I			
2 Principal Pl	lace of Business	2a. Mailing	g Address					FEI Numb			···		App	lied For
21	Moo of Basillass	26	3 2 - · ·]	59-2086	3112				Not	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.							Desired	Y	\$8.	75 A	dditional
22		27					5.	Certificate	of Status	Desired	X	F	ee Rec	quired
City & State	e	City &	State				6.	Election C	Campaign	Financing		\$5	.00 i	May Be
23		28						Trust Fun	d Contrib	ution		Ac	ided to	Fees
Zip	Country	Zip	,	Countr	У		1				rent year In			٦
24	25	29		30					Property		Ph	Ye:	S	□No
	9. Name and Address of Curre	ent Registered A	Agent	8	4 N.		10.	Name an	d Addres	s of New	Registered	Agent		
MUD	D, JOHN			*	' Na	ame					_			
i	O BIRD RD			8	2 St	reet Addr	ess (P.	O. Box N	umber is I	Not Accep	table)			
#201				8		11880	S.W.	<u>. 40t</u>	n St.	<u>, #40!</u>				
	M FL 33175			•	3									
1710-111	W 1 F 00 11 0			8	4 Ci	ty					FI	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508	8, Florida Statute	es, the abo	ve-nai	med corpo	oration	submits t	his staten	nent for the	nurnose 0	f changi	ng its r	registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the obliq	te of Florida. Sucl gations of, Sectio	h change was au n 607.0505, Flor	uthorized b rida Statute	y the (es.	corporatio	n's boa	ara of aire	ectors. I ne	ereby acce	shr me abbr	munent	as reg	istereu
SIGNATURE														
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	Signature, typed or printed name of registered a	gent and title if applicab	ie. (NOTE:	: Registered Ag	ent sign:	ature required					DATE			
12.	OFFICERS A	agent and title if applicable AND DIRECTORS	S	13.		ature required			S/CHANG	ES TO O	FFICERS A			
12.	PD OFFICERS A			13.		ature required			S/CHANG	ES TO O		ND DIRI		RS IN 12
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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 supplied 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 eccliver or tructee 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 attainment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

RE RECJohn Mudd

(305) 221-1900

Daytime Phone #

CR2E034 (11/98)