

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90016 006 ***600.00

DOCUMENT # F97000005841

1. Corporation Name

BMJ OF NORTH BROWARD, INC.

Principal Place of Business

4800 N FEDERAL HWY
101-E
BOCA RATON FL 33431
US

Mailing Address

4800 N FEDERAL HWY
101-E
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1997

4. FEI Number

62-1717407

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LANDEL, BETH A	
STREET ADDRESS	4800 N FEDERAL HWY, STE. 101-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BOLTON, KEITH A	
STREET ADDRESS	2411 MOUNTIAN LAKE DR.	
CITY-ST-ZIP	KINGWOOD TX 77345	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAGPAL, NARESH M.D.	
STREET ADDRESS	4800 N FEDERAL HWY, STE. 101-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FATER, DAVID H	
STREET ADDRESS	4800 N FEDERAL HWY, STE. 101-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles E. Sweet	
1.3 STREET ADDRESS	4800 N. Federal Hwy - Ste 101E	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Neil F. Luria	
2.3 STREET ADDRESS	4800 N. Federal Hwy - Ste 101E	
2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
3.1 TITLE	Ts	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David H. Fater	
3.3 STREET ADDRESS	4800 N. Federal Hwy - Ste 101E	
3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0336516