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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Feb 05 1998 8:00am

Secretary of State

1. Corporation Name # G 19885 (4) RICHARD J. BRIETSTEIN, D.P.M., P.A.	
Principal Place of Business Mailing Address	8 (818) 1818) 1818) 8111 81811 81811 81811 81811 81811 81811 8183
8333 W. MCNAB ROAD SUITE 131 8333 W. MCNAB ROAD SUITE 131	
TAMARAC FL 33321 TAMARAC FL 33321	DO NOT WRITE IN THIS SPACE
3. Date Incorporate	
01/24/1983	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-239673	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Sta	atus Desired \$8.75 Additional Fee Required
22 27	
28 Trust Fund Control	
ZIP Country ZIP Country 8. This corporation	owes or has paid the current year Intangible
	ty Tax due June 30. 🔲 Yes 🔲 No
	ress of New Registered Agent
DRIETOTEIN, NICHMRU J.	
8333 W. MCNAB ROAD #131 82 Street Address (P.O. Box Number TAMARAC FL 33321	is Not Acceptable)
83	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above named corporation submits this state of florida. Such change was authorized by the corporation's board of directors	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	. Therapy accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAI	DATE NGES TO OFFICERS AND DIRECTORS IN 12
TATLE PST DELETE 1.1 TATLE	☐ Change ☐ Addition
NAME BRIETSTEIN, RICHARD J. 1.2 NAME	
STREET ADDRESS 8333 W. MCNAB ROAD #131 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change L Addilion
NAME 2.2 NAME	ļ
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STHEET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-\$T-ZIP 4.4 CITY-\$T-ZIP TITLE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	L Onongo L Haditon
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-S1-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	orida Statutes. I further certify that the information

indicated on this annual report or supplied with this timing does not quality for the exemption stated in occident 19.07(3)(), Florida Statutes. Turning certify that the informatic 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 changes or on an attachment with an address.