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 # G49976 1. Corporation Name

STREET ADDRESS

MOULTON KEANE M.D., P.A.

Principal Place	or business	Mailing Ad	30.000						
9851 SW 4TH S	STREET	9951 SW 4	TH ST			•			
STE 204		PLANTATIO	N FL 33324			,			
PLANTATION FL	33324	US				DO NOT WRITE	IN THIS SP	ACE	
US						Date Incorporated or Qualifed			
						07/28/1983			\ \
2 Principal Pl	lace of Business	2a. Mailing	a Address			4. FEI Number		Apı	olied For
	acc of business	— <u> </u>	•			59-2321697		No	Applicable
21	4	26 Suite	Apt. #, etc.			03 202 1031		\$8.75 A	
Suite, Apt. 7	#, etc.		лрι. и , екс.			Certifcate of Status Desired	□ '	Fee Re	
22		27	0						`
City & State	e	City &	State			6. Election Campaign Financing		\$5:00	, ,
23		28				Trust Fund Contribution		Added t	o rees
Zip	Country	Zip	_	_ Country	1	8. This corporation owes the currer			
24	25	29	36	D		Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	rent Registered A	gent			. 10. Name and Address of New Re	gistered Age	ent	
				81	Name				
KEAN	NE, MOULTON			_	ļ	TO DO NOT THE REAL PROPERTY.	1-1		<u> </u>
	SW 4TH ST.			82	Street A	Address (P.O. Box Number is Not Acceptable	ie)		
	NTATION FL 33324			83					
1041	TIATION I E GOOET			"	1				
				84	City		- 1	B5 Zip C	ode
							FL `		
11. Pursuant l	to the provisions of Sections 607.0	0502 and 607.1508	3, Florida Statutes	, the abov	e-named o	corporation submits this statement for the pl	urpose of cha	anging its	registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Suci ligations of, Section	n change was autr n 607.0505. Florid	ionzeo by a Statute:	лие согро В.	ration's board of directors. I hereby accept	. appointin	ioni as reg	JISIE OS
	milania wan, and accopt and co.								- {
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	le. (NOTE: Ri	egistered Age	int signature re	equired when reinstating)	DATE		
12,		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTO	RS IN 12
			~	13.					
	P	AND DIRECTOR	DELETE	1.1 TITLE	Ì] Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: 1/2

May 04, 1999 8:00 am Secretary of State

05-04-1999 90116 040 ***150.00