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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



G69156

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90041 010 ***150.00

1. Corporation	Name	•					
KUBSKI	AND KUBSKI, M.D., P.A.						
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Principal Place	of Business	Mailing Address			3 INTILITY BEING STATE INTO THE STATE OF THE	. 94811 81811 91811 811	111 01311 01011 1001
927 45TH STR		119 DAVIT DR					
STE 302 NO PALM BCH FL 33408					DO NOT WRITE IN THIS SPACE		
W PALM BCH FL 33407 US					3. Date Incorporated or Qualifed		
US					10/01/1983		į
O Drivers D	loss of Business	2a. Mailing Address	• • • • • • • • • • • • • • • • • • • •		4. FEI Number	···-	Applied For
_	lace of Business	26. Walling Address			59-2332465) 	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				- \$8.75	Additional
22	-	27			5. Certifcate of Status Desired .		Required
City & State	9	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current y		
24	25	29 3	30		Personal Property Tax.	∐ Yes	No
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Regis	tered Agent	
	OKI MAYDA I		81	Name			
	SKI, NAYDA L		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
119 DAVIT DR		_					
NOI	PALM BCH FL 33408		83				-
			84	City		85 Z	ip Code
						FL "	16 - interned
office or re	edistered agent of hold in the State	of Fiorida, Such change was aut	monzea by	ule colporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing appointment as	registered
Office of it	egisteres agent, or sour, in the state	01 10100 000 000 000 000			•	· · · /	
agent. I a	m ramiliar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	i		ules	
agent. I ai	/hw/)	itions of, Section 607.0505, Florid	ua Statutes	·-	4//	4/45	
agent. I a	Signature, typed originated name of registered agen	nt and title if applicable. (NOTE: F	Registered Ager	·-	red when reinstating)	(y /4 /5 ATE/	
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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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

SID NANAA CSTAWBIG DW SIGNATURE AND SYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR 4/14/99 (56/)844-6700 Daytime Phone # __CR2E034 (1.1/98) __