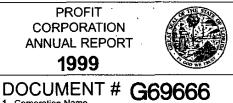
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90036 031 ***150.00

ROBERT B. CONTRUCCI, D.O., P.A.									
	<u> </u>						 		
Principal Place of Business - Mailing Address									
16948 NE 19 AVE 10071 PINES BLVD. N MIAMI BCH FL 33162 SUITE C									
PEMBROKE PINES FL 33021)2 1				DO NOT WRITE IN THE	S SPACE	
							3. Date incorporated or Qualifed		
						10/17/1983			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	· A	pplied For	
21		26				59-2331307		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional lequired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23	·	28				Trust Fund Contribution Added to Fees			
Zip	Country	⊢			ountry		8. This corporation owes the current year Ir		
24	25 29		<u> </u> 30 .				Personal Property Tax.	YZYes	□No
	9. Name and Address of Curren	t Registered Agent	_	81	Name	_	10. Name and Address of New Registered	Agent	
CAS	EY, DANIEL A			"	INAIIIO		·		
% KIRKPATRICK & LOCKHART LLP				82 Street Address (P.O. Box			s (P.O. Box Number is Not Acceptable)		
201 S. BISCAYNE BLVD., 20TH FL.			١	83					
MIAMI FL 33131				"					
				84	City		FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	bov€	e-named c	corpora	ation submits this statement for the numose of	f changing it	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was :	authonzed	i bv	the corpor	ration's	s board of directors. I hereby accept the appo	ointment as r	egistered
_	ini idinina via, dia addept die esiga							•	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agen	nt signature red	quired wi	heri reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PVTS DELETE		1.1 Π	1.1 TITLE				Change	☐ Addition
NAME	CONTRUCCI, ROBERT		1.2 NAME					}	
STREET ADDRESS		•	1.3 ST	1.3 STREET ADDRESS					į
CITY+ST-ZIP	HOLLYWOOD FL 33021		_	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE								. Change	
NAME,	No. of the state o			2.2 NAME			•		
STREET ADDRESS					TADORESS				1
CITY-ST-ZIP	☐ DELETE			2.4 CITY-ST-ZIP				Change	Addition
TITLE				3.1 TITLE 3.2 NAME				L. Grange	
NAME	· · · ·								
STREET ADDRESS	,		- 6	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE			_	4.1 TTLE		_		Change	Addition
NAME		_	4. 2 N						
					ADDRESS		•		
STREET ADDRESS CITY-ST-ZIP									{
TITLE				4 CITY-ST-ZIP				Change	Addition
NAME	• * * * *			2 NAME			·		}
STREET ADDRESS]		5.3 ST	TREET	T ADDRESS				
CITY-ST-ZIP	`.		5.4 CI	TY-S1	T-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 NA	AME				•	
STREET ADDRESS			6.3 51	TREET	ADDRESS				Į.

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 emporation of the receiver or tructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block in phanged, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR