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

DOCUMENT # H01884

Principal Place of Business

SIGNATURE:

D. ROLAND RICHMOND, M.D., P.A.

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1998

COLUMENT # 1104004 (0)



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**FILED** 

C/O D. ROLAND RICHMOND C/O D. ROLAND RICHMOND 7420 N.W. 5TH ST., SUITE 103 7420 N.W. 5TH ST., SUITE 103 PLANTATION FL 33317-1626 PLANTATION FL 33317-1626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2427372 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICHMOND, D. ROLAND 7420 N.W. 5TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 103** 83 **PLANTATION FL 33317-8626** 84 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE RICHMOND, D. ROLAND NAME 1.2 NAME 7420 N.W. 5TH ST. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2.1 TITLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST - ZiP DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TiTL F 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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. For ida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.