

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90106 026 ***150.00

DOCUMENT # H05709

1. Corporation Name

M.D. MED+CENTER, INC.

Principal Place of Business

500 S.E. 17TH ST.
#101
FORT LAUDERDALE FL 33316
US

Mailing Address

500 S.E. 17TH ST.
#101
FORT LAUDERDALE FL 33316
US

2. Principal Place of Business

21 1820 NE Jensen Beach Blvd

Suite, Apt. #, etc.

22 Suite 621

City & State

23 Jensen Beach

Zip

24 34957

Country

25 Martin

2a. Mailing Address

26 1820 NE Jensen Beach Blvd

Suite, Apt. #, etc.

27 Suite # 621

City & State

28 Jensen Beach

Zip

29 34957

Country

30 Martin

9. Name and Address of Current Registered Agent

DOOLEY, BRUCE
500 SE 17TH STREET
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1984

4. FEI Number

59-2412610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Bruce Dooley

82 Street Address (P.O. Box Number is Not Acceptable)

1556 S. Ocean Lane

83

84 City

Fort Lauderdale

FL

85 Zip Code

33316

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

Bruce Dooley for M.D. Med Center

2/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME DOOLEY, BRUCE
STREET ADDRESS 1565 SOUTH OCEAN LANE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME DOOLEY, MICHAEL
STREET ADDRESS 1080 REEF ROAD, #207
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Bruce Dooley for M.D. Med Center
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 225-7737

CR2E034 (1/98)

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