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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

02-20-1999 90139 018 ***150.00

DOCUMENT # H11383

MICHAEL A ARRAHAMS M.D. P.A.

IVIIOTIAL	L A. ADNAHAMO, MID., F.	٦٠						
					181	06.5		
Principal Plac	e of Business	Mailing Address				-	l Oldii Oldii Bi	\$11 B B B \$ 0B
220 SW 84TH		220 SW 84TH AVE				ERRECT TO THE		i
SUITE 201	NVL	SUITE 201				REFORMS' IT LINGS		•
PALNTATION F	L 33324	PALNTATION FL 33324				DO NOT WRITE IN TH	IS SPACE	<u> </u>
US		US				3. Date Incorporated or Qualifed 07/09/1984		· •
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2432582		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.7	5 Additional
22		27					Fee	Required
City & Sta	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	\. 2	_
24	25	29	30	,		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	int Registered Agent		04		10. Name and Address of New Registere	d Agent	
ARR	AHAMS, MICHAEL A.			81	Name	•		
220 SW 84TH AVE				82	Street Addres	Iress (P.O. Box Number is Not Acceptable)		
#20								
	, Ntation FL 33324			83				
165	141A11014 E 33024			84	City		. 85 Z	ip Code
						F		<u> </u>
11. Pursuant	to the provisions of Sections 607.05	.02 and 607.1508, Florida Statute	es, the al	bove	-named corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing	its registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stati	utes.	ine corporation	rs board of directors. Thereby accept the app	omanent as	registered
SIGNATURE						•		
OIGHTORE	Signature, typed or printed name of registered ag			Agent	signature required v			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TIT	TLE			Chang	ge
NAME	ABRAHAMS, MICHAEL A.		1.2 NA	ME	l			
STREET ADDRESS	220 SW 84TH AVE #201			DEET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.3 ST	KEET	I .			
TITLE				TY-ST	- ZIP		<u></u>	
NAME		☐ DELETE		TY-ST	- ZIP		☐ Chan	ge Addition
STREET ADDRESS		☐ DELETE	1.4 CI	ty-st- Tle	- ZIP		☐ Chan	ge Addition
		☐ DELETE	1.4 CII 2.1 TII 2.2 NA	ty-st- Tle We	-ZIP ADDRESS		☐ Chan	ge Addition
CITY-ST-ZIP			1.4 CII 2.1 TII 2.2 NA	TY-ST- TLE WME REET	ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CT 2.1 TT 2.2 NA 2.3 ST	TY-ST- TLE WME REET /	ADDRESS		Chang	
			1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI	TY-ST- TLE NME REET / ITY-ST TLE	ADDRESS			
TITLE			1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	TY-ST- TLE AME REET A ITY-ST TLE AME	ADDRESS			
TITLE NAME		☐ DELETE	1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cm 3.1 Tm 3.2 NA 3.3 ST	TY-ST- TLE AME REET A ITY-ST TLE AME	ADDRESS 1-ZIP ADDRESS		. Chan	ge ☐ Addition.
TITLE NAME STREET ADDRESS			1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cm 3.1 Tm 3.2 NA 3.3 ST	TY-ST- TLE AME REET, TLE AME REET, TLE TY-ST	ADDRESS 1-ZIP ADDRESS			ge ∏ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cl 3.1 Tm 3.2 NA 3.3 ST 3.4 Cl	TY-ST. TLE TREET, TLE TREET, TY-ST TLE TREET, TY-ST	ADDRESS 1-ZIP ADDRESS		. Chan	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4 CI 4.1 TH	TY-ST. TLE TLE AME TREET, TLE TY-ST TLE TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS		. Chan	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NV 4.3 ST	TY-ST. TLE TLE AME TREET, TLE TY-ST TLE TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		☐ Chang	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CP 3.1 TII 3.2 NA 3.3 ST 3.4 CP 4.1 TII 4.2 NA 4.3 ST 4.4 CP 5.1 TII 5.1 TII 6.2 TII 6.2 TII TII 6.2	TY-ST- TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		. Chan	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4. CT 4.1 TTI 4.2 NV 4.3 ST 4.4 CT	TY-ST- TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		☐ Chang	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4. CT 4.1 TTI 4.2 NA 4.3 ST 4.4 CT 5.1 TTI 5.2 NA	TY-ST. TLE MME TREET TLE AME TY-ST TLE TY-ST- TLE MME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		☐ Chang	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4. CT 4.1 TTI 4.2 NA 4.3 ST 4.4 CT 5.1 TTI 5.2 NA	TY-ST- TLE AME REET; TLE AME REET; TY-ST- TLE TY-ST- TLE TREET; TLE TREET;	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		☐ Chang	ge ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4. CT 4.1 TTI 4.2 NA 4.3 ST 4.4 CT 5.1 TTI 5.2 NA 5.3 ST	TY-ST- TLE MME REET; TLE MME REET; TY-ST TLE MME REET; TY-ST- TLE MME REET; TY-ST- TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		☐ Chang	ge Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4. CT 4.1 TTI 4.2 NA 4.3 ST 4.4 CT 5.1 TTI 5.2 NA 5.3 ST 5.4 CI	TY-SI- TLE MME REET, TLE MME REET, TY-SI TLE AME REET, TY-SI- TLE REET, TY-SI- TLE TY-SI- TLE TY-SI- TLE TY-SI- TLE TY-SI- TLE TY-SI- TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		☐ Chang	ge Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.4 CIT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 5.2 NA 5.3 ST 5.4 CII 6.1 TII 6.2 NA	TY-ST- TLE MME REET / TLE AME REET / TY-ST- TLE REET / TY-ST- TLE TY-ST- TLE TY-ST- TLE MME REET / TY-ST- TLE MME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		☐ Chang	ge Addition.

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 postee employers 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR