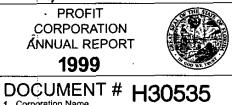
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

 PROFIT CORPORATION **ANNUAL REPORT**

1999

ALBERT R. CIOFFI, M.D., P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90054 032 ***150.00

Principal Place of Business Mailing Address				- I (BEIE) AIRE IIII) AALEI BIIRA IIIA AIIX BIBI	BIBN 318N 818N 818N 818N 108N		
7710 N.W. 71ST COURT #103 TAMARAC FL 33321	7710 N.W. 71ST COURT #103 Tamarac Fl 33321			DO NOT WRITE IN TH	S SPACE		
US	US			3. Date Incorporated or Qualifed 11/20/1984			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21	26			NOT APPLICABLE	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc:	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Count	ry Zip Co 29 30	untry		This corporation owes the current year Personal Property Tax.	Mangible ☑ Yes ☐ No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent		
ENTIN, RICHARD C.		81	Name				
8411 WEST OAKLAND P	PARK. BLVD.	82 Street A		ddress (P.O. Box Number is Not Acceptable)			
Suite 100 Sunrise FL 33351		83					
CONTROL 12 COCC		84	City	F	L 85 Zip Code		
44 D	Hone CO7 DEDG and CO7 4500 Elerida Statutas, the	ahove	named como	protion submits this statement for the nurnose	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, and accept the obligations of. Section 607.0505. Florida Statutes

agent. I ain ratilitial with, and accept the obligations of, occition over occos, i forted statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE											
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICER	FICERS AND DIRECTORS IN 12						
TITLE	PD	DELETE	1.1 TITLE		Change	Addition					
NAME	CIOFFI, ALBERT R. MD		1.2 NAME								
STREET ADDRESS	6005 NW 97TH DR.		1.3 STREET ADDRESS			ļ					
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP								
TITLE	S	DELETE	2.1 TITLE		Change	☐ Addition					
NAME ·	CIOFFI, DONNA L.		2.2 NAME								
STREET ADDRESS	6005 NW 97TH DR.		2.3 STREET ADDRESS								
CITY-ST-ZIP	PARKLAND FL		2. 4 CITY-ST-ZIP								
TITLE		DELETE	3.1 TITLE		Change	Addition					
NAME (3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE		Change	☐ Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME			5.2 NAME			Į					
STREET ADDRESS			5.3 STREET ADDRESS			}					
CITY-ST-ZIP			5.4 CITY- ST- ZIP								
TITLE STATE	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	DELETE	6.1 TITLE		☐ Change	Addition					
NAME ' '			6.2 NAME			•					
STREET ADDRESS	a to girly of the County		6.3 STREET ADDRESS								
CITY-ST-ZIP	* /* , * * * * * ·		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.