

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H32754 (4)**  
 1. Corporation Name  
**CRAIG BRATTER O.D., P.A.**

Principal Place of Business: **285 WEST 74TH PLACE HIALEAH FL 33014-5058**  
 Mailing Address: **285 WEST 74TH PLACE HIALEAH FL 33014-5058**



DO NOT WRITE IN

SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/05/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2465813</b>	
22	City & State	27	City & State	5. Certificate of Status Desired	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	
24	Country	29	Country	8. This corporation owes or has paid t Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Regis	

Applied For	
Not Applicable	
<b>\$8.75 Additional Fee Required</b>	
<b>\$5.00 May Be Added to Fees</b>	
urrent year Intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agent	

**BRATTER, CRAIG**  
**285 WEST 74TH PLACE**  
**HIALEAH FL 33014**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 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 purp 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 t agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICER	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	<b>P BRATTER, CRAIG</b>	1.2 NAME	
STREET ADDRESS	<b>285 WEST 74TH PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ND DIRECTORS IN 12

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  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 fu 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 r officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; ar Block 12 or Block 13 if changed, or an agent who will be an agent.

SIGNATURE: *Craig Bratter O.D.* 04/09/98 (30) 557-9004

CR2E034 (10/97)