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**CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **H69952**

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90167 002 \*\*\*150.00

	SERURE, M.D., P.A.								
in 15-									
	ace of Business	Mailing Address						1101 1141 1	
0 SW 62 PLACE SUITE 200 7300 SW 62 PLACE SUI MI FL 33143 MIAMI FL 33143				ITE 200					
						DO NOT WRI	TE IN THE	S SPACE	
						3. Date Incorporated or Qualifed			
Principal	Place of Business	2a. Mailing Address				08/05/1985			-
		26				4. FEI Number		ŢŢ	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				59-2562347	<del></del> _		Not Applicable
City & Sta	to .	27				5. Certifcate of Status Desired			Additional
only or ore	are .	City & State				6. Election Campaign Financing			Required
Zip	Country	28				Trust Fund Contribution			May Be
•	25	Zip	_	untry		8. This corporation owes the curre	ent vear In	handible	to rees
	9. Name and Address of Current	Pagistored Age-4	30			Personal Property Tax.		☐ Yes	□No
		registered Agent		81	A1	10. Name and Address of New R	egistered	Agent	
KUF	RZWEIL, HOWARD E.				Name				
328	MINORCA AVENUE, 2ND FLOOR			82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)	<del>- ,</del>	
COL	RAL GABLES FL 33134		i	83					
						•		•	
					City			85 Zip	Code
ursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es the at			<u> </u>	<u>FL</u>		Code
7111UC Ut 1	egistered agent, or both, in the State of				amad saves			changing it.	rogiotara d
gent. I a	m familiar with, and accept the obligation	Florida. Such change was a	uthorized	bove-na by the	amed corpor corporation	ration submits this statement for the p	urpose of	changing its	registered
agent. I a	m familiar with, and accept the obligation	Florida. Such change was a ns of, Section 607.0505, Flor	uthorized rida Statu	bove-na by the ites.	amed corpor corporation	ration submits this statement for the p 's board of directors. I hereby accept	urpose of the appoin	itment as re	egistered
MIUKE							urpose of the appoin	itment as re	egistered
MIUKE	Signature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE:			amed corporation	rhen reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	<u> </u>
MIUKE	Signature, typed or printed name of registered agent a OFFICERS AND DP	nd title if applicable. (NOTE:	Registered /	Agent sig			DATE	D DIRECTO	PRS IN 12
ATURE	Signature, typed or printed name of registered agent a OFFICERS AND DP SERURE, ALAN M.D.	nd title if applicable. (NOTE:	Registered /	Agent sig		rhen reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	<u> </u>
ADDRESS	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE:	Registered / 13. 1.1 TITL 1.2 NAM	Agent sig	nature required w	rhen reinstating)	DATE	D DIRECTO	PRS IN 12
ATURE	Signature, typed or printed name of registered agent a OFFICERS AND DP SERURE, ALAN M.D.	nd title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STR	Agent sig LE ME REET ADD	nature required w	rhen reinstating)	DATE	D DIRECTO	PRS IN 12
ADDRESS	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STR	Agent sig LE ME REET ADD Y-ST-ZIP	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO	DRS IN 12
ADDRESS - ZIP	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY	Agent sig LE ME REET ADD Y-ST-ZIP E	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO	PRS IN 12
ADDRESS - ZIP	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM	Agent sig LE ME REET ADD Y-ST-ZIP E	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO	DRS IN 12
ADDRESS - ZIP	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM 2.3 STRI	Agent sig LE ME REET ADD Y-ST-ZIP E	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO	DRS IN 12
ADDRESS - ZIP	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM 2.3 STRI	Agent sig LE ME REET ADD Y-ST-ZIP EET ADD Y-ST-ZIP	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO Change	RS IN 12 Addition
ADDRESS ZIP ADDRESS ZIP	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITA 2.4 CITA	Agent sig LE ME REET ADD Y-ST-ZIP LE ME EET ADDI Y-ST-ZIP E	nature required w	rhen reinstating)	DATE CERS ANI	D DIRECTO	DRS IN 12
ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	OFFICERS AND DP SERURE, ALAN M.D. 7300 SW 62ND PLACE, #200	nd title if applicable. (NOTE: DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT) 3.1 TITLE 3.2 NAMI	Agent sig LE ME REET ADD Y-ST-ZIP LE ME EET ADDI Y-ST-ZIP E	PRESS	rhen reinstating)	DATE CERS ANI	D DIRECTO Change	RS IN 12 Addition
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fficer or director of the corporation or the rebeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.