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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED						
Mar 24 1998 8:00am						
Secretary of State						

	MENT # H86245 ROKE MEDICAL ASSOCIATES				
Principal Plac	e of Business	Mailing Address			ion, diese endit Alaut eseu iodi
7900 NW 33	ST	7900 NW 33 ST			
#101 #101				DA MAT MARKE THE	0.004.00
DAVIE FL 33024-2232 DAVIE FL 33024-2232 US US			DO NOT WRITE IN THIS SPACE		
V		00		3. Date Incorporated or Qualified 11/19/1985	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	iogo en Boarnoos	26		65-0050894	Not Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	g Agent
	IN QUEE, ANTHONY S.		Oi Manie		
	00 NW 33 ST		82 Street A	Address (P.O. Box Number is Not Acceptable)	
#1			83		
UA	ME FL 33024		83		
			84 City		85 Zip Code
				corporation submits this statement for the purpose	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	E: Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DS	☐ DELET £	1.1 TITLE		Change Addition
NAME	CHIN QUEE, ANTHONY S.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINGO-FL	T neutra	1.4 CITY-ST-ZIP		Change Ladge.
TITLE	Suite, sydney o.	☐ DELETE	2.1 TITLE	7900 N.W 33 Street & Parie T-lorida 3302 7900 N.W 33 Street	Change Addition
NAME			2.2 NAME	1900 N.W 33 STreet A	7-101
STREET ADORESS	2004 N UNIVERSITY DR: 108 Z		2.3 STREET ADDRESS	Davie Florida 2200	4-2282
CITY-ST-ZIP	D D	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	THE TOTAL SOUP	Change Addition
NAME	HARRIOTT, JACQUELINE P.		3.2 NAME	sam Nul 32 Street	FIRE
STREET ADDRESS	8001-N-UNIVERSITY-BR-160 7		3.3 STREET ADDRESS	1790	1 10 /
CITY-ST-ZIP	PEMBROKE PINES FL	7	3.4. CITY-ST-ZIP	Davie Florida 3302	4-2232
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ı
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		i
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ı
STREET ADDRESS			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.

2 10.00 Cass 1122 acres