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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J38228

WEST BOCA OBSTETRICAL AND GYNECOLOGICAL ASSOCIAT ES, INC.

							ALDIA DISTRIBUITA DE LA CARRA DE LA CA	1217 B1011 1001
Principal Plac	ce of Business	Mailing Address				. I define also have have have have have		(B)(A(B)) (BB)
9980 CENTRAL PARK BLVD. N. C/O DANIEL K, KAST								
SUITE 218 BRIGHTON J 379							1.7	
BOCA RATON FL 33428 BOCA RATON FL 33434				DO NOT WRITE IN THIS S		THIS SPACE		
		US				3. Date Incorporated or Qualifed	* ** , *	· · ·
·····					*.	10/16/1986		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	Apı	olied For
21		26				59-2746838	No	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27				O. Gertriodic di Citatos Besired	Fee Re	quired
City & Sta	ite .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	parameter .	untry		8. This corporation owes the current ye	ar Intangible	
24	25	29	30		•	Personal Property Tax.	☐ Yes	□No .
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Regist	ered Agent	
	The small fine of the control			81	Name	•		.
	ST, DANIEL K	自留等的自己。		82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)		
	GITTON 0 3/5			"	Street Au	dress (F.O. Box Number is Not Acceptable)		
୍ଷର BO0	CA RATON FL 33434			83		(1) 10 2 m 3 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	3.1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964. 1964.	F11301152
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	•			84	City	The second of th	85 Zip C	ode "
44 Purcuant	t to the provisions of Sections 60	7 0502 and 607 1508 Florida Stat	utoc the	hove	anamad ca	rporation submits this statement for the purpo	ee of changing its	registered
office or	registered agent, or both, in the \$	State of Florida: Such change was	authorize	d by t	the corpora	ition's board of directors. I hereby accept the	appointment as reg	istered
೧೧€/agent. I a	am familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Stat	tutes.	•		4, ,	
SIGNATURE							• •	
40	Signature, typed or printed name of register				t signature requi	W 1 47	TE AND DIDEOTO	30.01.40
12.		RS AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD	DELETE	1.1 T			SE 2744 (23)	□ Change	L Addition
NAME	KAST, DANIEL K			AME				
STREET ADDRESS			1.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL	45	1.4 C	ITY-ST	-ZIP		<u> </u>	
TITLE	SD	☐ DELETE	2.1 T	TLE			☐ Change	Addition
NAME	KAST, LEONORE S		2.2 N	AME.			•	
STREET ADDRESS	BRIGHTON J 379		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	an. In	2.40	CITY-ST	T-ZIP			
TITLE-	CALL CALL		3.1·T	TLE -		لينتهمنيسا ويراشد ديدييا الماتب	Change	- Addition
NAME) ("S)		er en	. 3.2 N	AME		•		ļ
STREET ADDRESS	据的2000年2月	5 - 5,13 V			ADDRESS	e de la companya del companya de la companya del companya de la co	engoven a starker	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP	PEGER 11(947)		1 0				安福德 化基础管理员	
TITLE			34 0	ייי אדונ			高利益性(基準)。	11 (1.11 17.4
		☐ DELETE	3.4. C				Change	_ Addition
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NAME 1007 151	egy to		4.1 Ti 4. 2 N	ITLE IAME			Change	Addition
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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 of the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90024 041 ***150.00