

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90031 008 \*\*\*150.00

0294113

DOCUMENT # J42172

1. Corporation Name

CLAUDE ANTON NAAR, M.D., P.A.

Principal Place of Business

7421 NW 13TH CT  
PLANTATION FL 33313  
US

Mailing Address

7421 NW 13TH CT  
PLANTATION FL 33313  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1986

4. FEI Number

59-2732185

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 2620 N. AUSTRALIAN AVE  
Suite, Apt. #, etc.

22 STE # 111

City & State

23 W. PALM BEACH

Zip

24 33407

Country

25 USA

2a. Mailing Address

27 Suite, Apt. #, etc.

City & State

28

Zip

29 Country

30

9. Name and Address of Current Registered Agent

NAAR, CLAUDE A  
7421 NW 13TH CT  
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 purpose 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Claude A. Naar*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
NAAR, CLAUDE A  
7421 NW 13TH CT  
PLANTATION FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 NAME STREET ADDRESS CITY-ST-ZIP

23 STREET ADDRESS CITY-ST-ZIP

24 CITY-ST-ZIP

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP

32 NAME STREET ADDRESS CITY-ST-ZIP

33 STREET ADDRESS CITY-ST-ZIP

34 CITY-ST-ZIP

41 TITLE NAME STREET ADDRESS CITY-ST-ZIP

42 NAME STREET ADDRESS CITY-ST-ZIP

43 STREET ADDRESS CITY-ST-ZIP

44 CITY-ST-ZIP

51 TITLE NAME STREET ADDRESS CITY-ST-ZIP

52 NAME STREET ADDRESS CITY-ST-ZIP

53 STREET ADDRESS CITY-ST-ZIP

54 CITY-ST-ZIP

61 TITLE NAME STREET ADDRESS CITY-ST-ZIP

62 NAME STREET ADDRESS CITY-ST-ZIP

63 STREET ADDRESS CITY-ST-ZIP

64 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.

SIGNATURE:

*Claude A. Naar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (561) 655-667  
Date Daytime Phone #

CR2E034 (11/98)