

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 25, 1999 8:00 am  
Secretary of State

04-25-1999 90008 021 \*\*\*450.00

DOCUMENT # J46846

1. Corporation Name

FIRST MED BOCA, INC.

Principal Place of Business

7676-D PETERS ROAD  
PLANTATION FL 33324  
US

Mailing Address

7676-D PETERS ROAD  
PLANTATION FL 33324  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

4. FEI Number

59-2771393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

21 201 NW 82 Avenue  
Suite, Apt. #, etc.

22 Suite 306

23 Plantation, FL  
City & State

24 33324 25 USA  
Zip Country

2a. Mailing Address

26 201 NW 82 Avenue  
Suite, Apt. #, etc.

27 Suite 306

28 Plantation, FL  
City & State

29 33324 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S.  
627 - 71ST ST  
MIAMI BEACH FL 33141

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD ☒ DELETE

NAME ZHENG, HEGAUNG  
STREET ADDRESS 7676-D PETERS ROAD  
CITY-ST-ZIP PLANTATION FL

TITLE VPD ☐ DELETE

NAME VERBLOW, CLIVE  
STREET ADDRESS 7676-D PETERS ROAD  
CITY-ST-ZIP PLANTATION FL

TITLE ASD ☒ DELETE

NAME FORD, ALLEN  
STREET ADDRESS 7676-D PETERS ROAD  
CITY-ST-ZIP PLANTATION FL

TITLE ASD ☒ DELETE

NAME KELSO, LISA L  
STREET ADDRESS 7676 D PETERS ROAD  
CITY-ST-ZIP PLANTATION FL

TITLE P ☐ DELETE

NAME REITER, BEN  
STREET ADDRESS 7676-D PETERS ROAD  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 954 472 7432

CR2E034 (11/98)