# 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 # J56168 1. Corporation Name

DR. ALAN H. MANDELL, P.A.

## Principal Place of Business Mailing Address 20334 NW 2ND AVE 20334 NW 2ND AVE MIAMI FL 33169 MIAMI FL 33169

# **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90022 022 \*\*\*150.00

OIN AL	AND IN MINIOPPE, I W					1 (361/16 616) 611/16 61/6/ 1/6/6 61/6/ 48/1 61/6/		
Principal Plac	ce of Business	Mailing Address	•					JI 041 01 <b>6</b> 11 04011 1001
20334 NW 2ND AVE 20334 NW 2ND AVE MIAMI FL 33169 MIAMI FL 33169								,
MIAMI FL JOIC		MIAMI FL 33169				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	7017102	*
						02/09/1987		•
2. Principal F	Place of Business .	2a. Mailing Address	-			4. FEI Number		Applied For
21		26				59-2767119		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22 -	<u> </u>	27				5. Certificate Of Status Desired	Fee	e Required
City & Star	te ن ع رين ع	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip ,	Country	Zip	Cou	ntry	-	8. This corporation owes the current year In		
4	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
4444				81 1	Name			
	NDELL, ALAN H	•		82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
	34 NW 2ND AVE				Ducci Addi	cos (1.0. box Humber is Hot Acceptable)		
MIAMI FL 33169					7	· 實際因為經濟 医神经管 20	T.L. 3 (1)	4.最短間
		•		84 (	City	19 18 18 18 18 18 18 18 18 18 18 18 18 18	85 2	Zip Code
<u></u>	Company of the Compan				•	Fl	_   ``   `	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607 1508, Florida Statu	tes, the ab	bove-n	amed corpo	oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	changing	g its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statu	ites.	o oci por alic	in a board of disastory. Thorough account and appro-		o regiotorea
SIGNATURE							<u> </u>	
12.	Signature, typed or printed name of registered agen OFFICERS AN			Agent sig	nature required	d when reinstating) A Control DATE		
TITLE	D OFFICERS AN	D DELETE	13.	1 5		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
NAME	MANDELL, ALAN H.	OCCLETE	1.2 NA			<b>等交替打垮</b>		ige Addition
STREET ADDRESS		****		ME REET AD	DOLCC .			
CITY-ST-ZIP	MIAMI FL							
TITLE	WINT I L	☐ DELETE	2.1 TIT	Y-ST-ZI	<del>P                                     </del>		☐ Chan	nge Addition
NAME			2.2 NA		1		_ O	igo
STREET ADDRESS		2.4.5		REET AD	OBECC			
CITY-ST-ZIP		والمربعة أوالرهب أوالأوالية		TY-ST-Z				F
TITLE	= -	□ DELETE	3.1 TITI		ir		Chan	nge Taddition
NAME	<b>教育</b> 全部3000		3.2 NAJ			•	,	a
STREET ADDRESS	[54] (4.27) (550) (55) [] (1.27)			 Reetadi	DRESS			
CITY-ST-ZIP				TY-ST-ZI		· 注意問題的 医胸膜散药	推进。	3 M 18
TITLE		☐ DELETE	4.1 TITI		"		☐ Chan	nge Addition
MANE			4 2 114					o: 1 — (**425.

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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4.77 DATE											
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12						
ITLE	D	DELETE	1.1 TITLE	39 \$767 (19)	☐ Change ☐ Addition						
AME	Mandell, Alan H.	e 1	1.2 NAME		•						
TREET ADDRESS	20334 NW 2ND AVE		1.3 STREET ADDRESS		•						
TY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP								
m.e		DELETE	2.1 TITLE		Change Addition						
AME			2.2 NAME								
TREET ADDRESS	. ,	e de la companya de La companya de la co	2.3 STREET ADDRESS		•						
ITY-ST-ZIP	* * * * * * * * * * * * * * * * * * * *	- 178	2. 4 CITY+ST+ZIP								
TLE	1. 32 3	- DELETE	3.1 TITLE		☐ Change ☐ Addition						
AME			3.2 NAME	• • •							
TREET ADDRESS			3.3 STREET ADDRESS	de de properties de la companya della companya de la companya della companya della companya della companya de la companya della companya dell	Company of the Section of the Section of						
ITY-ST-ZIP	grand in		3.4. CITY-ST-ZIP	The state of the s	建键键的现在分词 說過的第三						
MLE		☐ DELETE	4.1 TITLE	"福祉情况的证明,这一个	Change Addition						
AME TREET ADDRESS			4. 2 NAME	: J	• •						
TREET ADDRESS	<u>.</u>	12.4	4.3 STREET ADDRESS	, *·							
ITY-ST-ZIP			4.4 CITY-ST-ZIP								
πLE	••'	. DELETE	5.1 TITLE		☐ Change ☐ Addition						
AME	•		5.2 NAME	17,2412							
TREET ADDRESS	174		5.3 STREET ADDRESS								
ITY-\$T-ZIP	Ü	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.4 CITY-ST-ZIP	SS (GP) va	_						
ME	emphotography of the second	O DELETE	6.1 TITLE	:	☐ Change '☐ Addition						
AME	POPOLITY AND A CITY OF	٠,	6.2 NAME		Topic						
TREET ADDRESS	Marking !		6.3 STREET ADDRESS	· · ·							
TTY-ST-ZIP			6.4 CITY-ST-ZIP								

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 attaonment with an address, with all other like empowered.

SIGNATURE: