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

**PROFIT** CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # J78036

(7)

DIABETES AND ENDOCRINOLOGY TREATMENT CENTER OF T HE PALM BEACHES - ROBERT M. PLASKO, M.D., P.A.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



11390 PROSPERITY FARMS ROAD SUITE 121 PALM BEACH GARDENS FL 33410		SUITE 121	11380 PROSPERITY FARMS ROAD SUITE 121 PALM BEACH GARDENS FL 33410			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/12/1987				
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Number			pplied For	1
21		}. <del>-</del> -1	26			l	9-2811391 Not Applie			1
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	<del></del>	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country		Zip Country			8. This corporation owes or has pa				1
24	<b>—</b>		30			Personal Properly Tax due June	<b></b>		∐ No	ľ
g. Name and Address of Current Registered Agent						10. Name and Address of New Re				1
PLA	ASKO, ROBERT M.			81 N	ime		·			1
	80 PROSPERITY FARMS RO	ΔD								⅃
SUITE 121					reet Addi	ress (P.O. Box Number is Not Acceptab	ole) 			]
PAI	L <b>M BE</b> ACH GARDENS FL 334	¥10		83						1
				<b>84</b> Ci	•	· · · · · · · · · · · · · · · · · · ·	┡╏	'	Code	1
Office or re	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the of	tate of Florida. Such change	: was authorize	ed by the	med corr corporal	poration submits this statement for the plants board of directors. I hereby acception's board of directors.	ourpose of control the appoin	nanging ntment as	its registered s registered	
SIGNATURE										
	Signature, typed or printed name of rage time			ed Agent sig	nature requi	red when reinstating)	DATE			-16
12.	PVS OFFICERS	AND DIRECTORS	13,		<del></del>	ADDITIONS/CHANGES TO OFFIC				-18
TITLE		☐ D£LE					L	Change	X Addition	1
NAME	PLASKO, ROBERT M.	10 #404	1.2 N		1					12
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I nereby 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 informatic 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 changes or on an attachment with an address.

4/20/98

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