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 # J88468 1. Corporation Name

CADD CENTERS OF FLORIDA, INC.

Principal Place of Business					
2001 CPYRESS CREEK RD STE. 105					

FT. LAUDERDALE FL 33309

2. Principal Place of Business

Suite 207 City & State Fort

21 2005 Cypress Creek Rong

NEIMAN, NANCY R.

SUITE 105-C

2003 CYPRESS CREEK ROAD

FT. LAUDERDALE FL 33309

Mailing Address

2a. Mailing Address

26 2005 C

2001 CPYRESS CREEK STE. 105

FT. LAUDERDALE FL 3

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25X

9. Name and Address of Current Registered Agent

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90059 018 ***150.00



	- \$				
RD					
13309	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualifed 08/20/1987				
	4. FEI Number	Applied For			
ress Creek Road	65-0007180	Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Required			
derdale, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.				
	10. Name and Address of New Registered	Agent			
81 Name		,			
82 Street Addres	ss (P.O. Box Number is Not Acceptable)				
83					

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.

84 City

SIGNATURE Signature, typed or pnoted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	S	☐ DELETE	1.1 TITLE		Change	☐ Addition			
NAME	NEIMAN, NANCY R.		1.2 NAME						
STREET ADDRESS	2003 CYPRESS RD.STE 105C		1.3 STREET ADDRESS	2005 Cypress Creek Rd St	6207	Í			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	2005 Cupress Creck Rd St Ft. Lauderdole, FC 33309					
TITLE	VP	DELETE	2.1 TITLE		Change	Addition			
NAME	STRICKLAND, TIM	/ \	2.2 NAME						
STREET ADDRESS	2003 CYPRESS ROAD, SUITE 105C		2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	and the Section of the section	-				
TITLE	P	☐ DELETE	3 1 TITLE		Change	☐ Addition			
NAME	NEIMAN, RICHARD		32 NAME	2005 Cypress Creek Rd Ft. Laiderdale, FL 333	5/20	7			
STREET ADDRESS	2003 CYPRESS ROAD, SUITE 105C		3.3 STREET ADDRESS	Soos Chbiesz Creek was	. 0 _ 0	· \			
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY-ST-ZIP	Ft. Laiderdale, FL 333	<i>U</i> 9				
TITLE		DELETE	4.1 TITLE	,	Change	☐ Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS			ł			
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME			5.2 NAME			.			
STREET ADDRESS			5.3 STREET ADDRESS			ļ.			
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS		,	6.3 STREET ADDRESS			Ì			
CITY-ST-7IP			6.4 CITY-ST-ZIP						

I hereby certify that the information supplied with this bing 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 angular 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 receive 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, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code

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