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

PROFIT CORPORATION ANNUAL REPORT



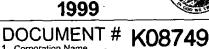
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90307 047 ***150.00

FILED



DAVID HASKIN, M.D., P.A.

	·							
Principal Plac	e of Business	Mailing Add	Iress			· · · · · · · · · · · · · · · · · · ·		41517 1881
805 MESSINA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN	THIS SPACE	
	, '					3. Date incorporated or Qualifed		
						12/23/1987	<u> </u>	
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						65-0035739	No	t Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & Stat	te	City & S	State -			6. Election Campaign Financing	\$5.00	May Be
23	r	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		Country		8. This corporation owes the current ye		-
24	25	29	30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of	Current Registered Ag	ent	81	Name	10. Name and Address of New Regis	tered Agent	 _
LIAC	WAL BAUR E MA			181	Name			
HASKIN, DAVID, F., M.D. 805 MESSINA AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134-0607				83				
				84	City		FL 85 Zip	Code
SIGNATURE	•					oration submits this statement for the purpon's board of directors. I hereby accept the	ATE	
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD		☐ DELETE	1.1 TITLE	1		Change	Addition
NAME	HASKIN, DAVID M.D.			1.2 NAME				
STREET ADDRESS	805 MESSINA AVE.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-S	T-ZIP	·		
TITLE			DELETE	2.1 TTLE			Change	Additio
NAME				2.2 NAME	}			
STREET ADDRESS	-			2.3 STREET	ADDRESS			
CITY-ST-2IP				2.4 CITY-S				
TITLE			☐ DELETE -	3.1 TITLE	1 21	The second second	- □ Change	Addition
NAME			l	3.2 NAME	1			
STREET ADDRESS	<u>,</u>			3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. C/TY-S	T-ZIP		- Cherry	
TITLE			□ DELETE	4.1 TITLE			☐ Change	C Adapt-
NAME	J · .							☐ Additio
STREET ADDRESS				4. 2 NAME				Addition
SIREEI ADDRESS				4.3 STREET				Addition
CITY-ST-ZIP			DELETE				∵ Change	☐ Addition

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, withfall other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Davtime Phone #

☐ Change

Addition