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

Mailing Address

6161 MIRAMAR PKWY MIRAMAR FL 33023

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60324 1. Corporation Name

DAVID M. STEINER, DC, P.A.

Principal Place of Business 6161 MIREMAR PKWY

MIRAMAR FL 33023

US

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90148 015 ***150.00



DO NOT WRITE IN THIS SPACE

				01/24/1989		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0093541	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		1 11	5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip ├─┐ г	Country	8. This corporation owes the current year Intangit		
24	25		30	Personal Property Tax. 10. Name and Address of New Registered Ager		
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Italiie and Address of New Adgistated Age.	<u>"</u>	
STEI	NER, DAVID M.					
6161 MIRAMAR PKWY			82 Street Address (P.O. Box Number is Not Acceptable)			
MIRAMAR FL 33023			83			
	•					
			84 City	FI 8:	5 Zip Code	
44 Dimensions	to the province of Sections 607.050	2 and 607 1508. Florida Statute	s the above-named co	prporation submits this statement for the purpose of char	laina its registered	
· office or re	enistered agent or both, in the State	of Florida. Such change was au	thorized by the corpora	ation's board of directors. hereby accept the appointme	nt as registered.	
	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.	No. of the second secon	<i>-</i>	
SIGNATURE	Signature, typed or printed name of registered age-	nt and title if anolicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE	<u> </u>	Change Addition	
NAME	STEINER, DAVID M.		1.2 NAME			
STREET ADDRESS	6161 MIRAMAR PKWY		1.3 STREET ADDRESS		~	
CITY-ST-ZIP	MIRAMAR FL		1,4 CITY- ST-ZIP	ZVP _ 3303	रेंद्र	
TITLE		☐ DELETE	2.1 TITLE		Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME			32 NAME			
STREET ADDRESS	•		3.3 STREET ADDRESS			
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change	
NAME			5.2 NAME		ĺ	
STREET ADDRESS			5.3 STREET ADDRESS		ı	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME			6.2 NAME		ĺ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby c	certify that the information supplied wi	ith this filing does not qualify for	the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify the shall have the same legal effect as if made under on	nat the information	

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am all 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:

IND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR