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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62021 1. Corporation Name

WAYNE S. MAXSON, M.D., P.A.

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90023 047 ***150.00



2825 NORTH ST	of Business	Mailing Address						
	ATE ROAD 7	2825 NORTH STATE ROAD 7	•		•			
#302		#302			DO NOT WRITE IN THIS	S SPACE		
MARGATE FL 33063 MARGATE FL 33063				3. Date Incorporated or Qualifed				
US		US			•			
					01/25/1989	7 14	U 1 F	
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For	
	acc of Eastwood	26			62-1392757		Applicable	
21	15 - 4 -	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A		
Suite, Apt	#, etc.	└			5. Certifcate of Status Desired	Fee Rec	uired	
22		27 Cit. 8 State			6. Election Campaign Financing	\$5.00	May Be	
City & State	e	City & State			Trust Fund Contribution	Added to	· 1	
23		28				ntangible	,	
Zip	Country	Zip	Country	<i>,</i>	8. This corporation owes the current year la	Yes	No ONE	
24	25]	29	30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		 	10. Name and Address of New Registered	u Agent		
			81	Name				
KRAI	MER, ROBERT ESQ.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
∛ ảnnn	HOLLYWOOD BLVD		62	Sueer Addr	processing the second of the second of the	71 - AL . 311 V	19 3 see 1943	
	E 485 SOUTH		83		The state of the s		智婦 園	
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HUL	LYWOOD FL 33021		84	City		85 Zip C	Code	
				<u> </u>		ef abanging its	rogietered	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered	
office or r	egistered agent, or both, in the State of medical medi	of Florida, Such change was au	itnorizeo by ida Statute	y the corporati S.	poration submits this statement for the purpose on's board of directors. I hereby accept the app			
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SIGNATURE	Signature, typed or printed name of registered agen	A 4 title if englishing (NOTE:	Registered Ace	ent signature require	ed when reinstating) DATE			
	Signature, typed or printed name or registered agent	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		☐ DELETE	1.1 TITLE	- $ -$		🗌 Change	☐ Addition }	
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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, with all other like empowered.

SIGNATURE