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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90041 009 ***150.00

 Corporation I 	IENT # K91625	WTEO D.A					
MARLON	A. LABI M.D. AND ASSOC	IATES, P.A.					
Principal Place	of Business	Mailing Address			· +		
900 W SAMPLE	, i	C/O E. ROSS ZIMMERMAN &	ASSOC., P.A.		·		
LUITE B		7797 NORTH UNIVERSITY DRIVE. SUITE 108 TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE		
ORAL SPRINGS	FL 33065	US			3. Date Incorporated or Qualifed		
JS					05/30/1989		
<u> </u>		2a, Mailing Address			4. FEI Number	Appl	ied For
2. Principal Pla	ce of Business	26			65-0123693		Applicable
11	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ 8.75 Ad	
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired	ree neq	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
3		Zip Zip	Country		8. This corporation owes the current y	year Intangible	
Zip	Country	29 30	´		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Regi	stered Agent	
	9. Name and Address of Carro.		81	Name			
E. RO	OSS ZIMMERMAN & ASSOC. P.	A.	82	Street Add	ress (P.O. Box Number is Not Acceptable)) 4	
7797	NORTH UNIVERSITY DRIVE		02	Oll oct 71dd	to middle and in demand and an in-	1. Branciste . S. S. e . 15 . Se.	#12 \$1316 1831 5 1 \$2611 1831
SUM			83		· 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TAMA	NRAC FL 83321		84	City	Transferring a transferring to the state	1851 Zip C	ode
			1 1	•	poration submits this statement for the pur ion's board of directors. I hereby accept th	FL "	
SS agent: Fai	egistered agent, or both, in the State in familiar with, and accept the obligi				red when remstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE	DPS	☐ DELETE	1.1 TITLE		p. Off This		
NAME	Labi, Marlon A.		1.2 NAME		•		
STREET ADDRESS	9800 W. SAMPLE ROAD		1.3 STREET A				Ì
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-	ZIP		Change	☐ Addition
TITLE		☐ DELETE	2.1 TITLE			•	ľ
NAME			2.2 NAME				ļ
STREET ADDRESS	<u> </u>		2.3 STREET	ì			
CITY-ST-ZIP	4	□ percre	2. 4 CITY-ST	-ZIP		Change -	Addition:
TITLE		☐ DELETE	3.1 TITLE	1	•		; •
NAME			3.2 NAME 3.3 STREET	ADDRESS	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	1. 1. 1. 整理,然后还有惯的知识。	para 75 (35)
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST 4.1 TITLE	1-411		Change	
TITLE			4.1 IIILE			1	
NAME			4.3 STREET	ADDRESS			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
TITLE		_ 0222.2	5.2 NAME		5000		
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-ST	T-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			, Change	☐ Addition
TITLE .			6.2 NAME				
NAME	1			TADDOECC			

6.4 CITY-ST-ZIP

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.