

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90023 004 ***150.00

DOCUMENT # L09496

1. Corporation Name

JACQUES N. FARKAS, M.D., P.A.

Principal Place of Business

12983 SOUTHERN BLVD
206
LOXAHATCHEE FL 33470
US

Mailing Address

12983 SOUTHERN BLVD
206
LOXAHATCHEE FL 33470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1989

4. FEI Number

65-0138598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 205 John F. Kennedy Drive

Suite, Apt. #, etc.

22 A

City & State

23 Atlantis, FL

Zip Country

24 33462

25

2a. Mailing Address

26 Drive Same

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

FARKAS, JACQUES N
12893 SOUTHERN BLVD
SUITE 206
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

Farkas, Jacques N.

82 Street Address (P.O. Box Number is Not Acceptable)

205 John F. Kennedy Drive

83

#A

84

City

Atlanta, FL

85

Zip Code

33462

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
FARKAS, JACQUES N.
12983 SOUTHERN BLVD. #206
LOXAHATCHEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MD
Farkas, Jacques N.
205 John F. Kennedy Dr., #A
Atlanta, FL 33462

☒ Change

☐ Addition

☐ Change

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☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)