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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L10037

HOWARD BUTLER, M.D., P.A.

(4)

FILED Apr 23 1998 8:00am Secretary of State



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Zip Country 7ip Country 7ip Country 7ip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	23		28			, ,				ı
FREDLAND, KIRK 501 \$ FLAGLER DR \$UITE 505 WEST PALM BEACH FL 33401 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, Soction 607 0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD OFFICERS AND DIRECTORS IN 12. TITLE PSD DELETE 1.1 TITLE NAME STREET ADORESS ATLANTIS FL ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS AVE STREET ADORESS ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS AVE STREET ADORESS ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS AVE STREET ADORESS ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS AVE STREET ADORESS ATLANTIS FL OFFICERS AVE ATLANTIS FL OFFICERS A		Country		Count	гу	8. This corporation owes or ha	s paid the cur	rent year In	tangible	
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Sol S FLAGLER DR SUITE 505 WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature. Typed or prented name of regular may 1 and tell of applications (NOTE Registered Agent signature required when releasating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD STREET ADDRESS SOL S CONGRESS AVE 1.3 STREET ADDRESS SOL S CONGRESS AVE 1.3 STREET ADDRESS SOL S CONGRESS AVE 1.4 CITY-ST-ZIP TITLE WERRELL, WILLIAM S STREET ADDRESS CITY-ST-ZIP ATLANTIS FL Change Add NAME BOYLE, THOMAS P DELETE 1.1 TITLE Change Add Change Add Add Change Change Change Change Change Change Change Change Change Ch			t Registered Agent			10. Name and Address of Nev	Registered /	Agent		\Box
SUITE 505 WEST PALM BEACH FL 33401 84 City FL 85 Zip Code 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 register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes. SIGNATURE Signature, type of or profide frame of inge-terms agent and feld displicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD ATLANTIS FL OFFICERS AND DIRECTORS IN 12 1.2 NAME SIRRET ADDRESS SIGNATURE 1.2 NAME SIRRET ADDRESS SIGNATURE 1.4 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE ALCHY-ST-ZIP TITLE V DELETE 2.1 TITLE Change Add STREET ADDRESS SIGNATURE Change Add Add City SIGNATURE Change Add Add City SIGNATURE Change Add Add Corporation submits this statement for the purpose of changing its register appears and the corporation's board of directors. Thereby accept the appointment as registere agent and experiment agent and the corporation's board of directors. Thereby accept the appointment as registere agent				8	1 Name					1
WEST PALM BEACH FL 33401 B3 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the advocation submits this statement for the purpose of changing its register of 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, used or preted name of registerious of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyried or preted name of registerious agent and teled applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD DELETE 1.1 TITLE NAME SITREET ADDRESS CITY-ST-ZIP ATLANTIS FL 1.4 CITY-ST-ZIP TITLE V DELETE 1.1 CITY ST-ZIP TITLE V DELETE 2.2 NAME STREET ADDRESS S301 SOUTH CONGRESS AVE ATLANTIS FL 2.2 NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE V DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE V Change ACCITY-ST-ZIP ATLANTIS FL Change ACCITY-ST-ZIP Change ACCITY-ST-ZIP Change ACCITY-ST-ZIP ATLANTIS FL Change ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCITY-ST-ZIP ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCIT				В	2 Street A	ddress (P.O. Box Number is Not Acce	ptable)			\dashv
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 register agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSD DELETE 1.1 TITLE PSD DELETE 1.2 AMAE STREET ADDRESS CITY-ST-2IP ATLANTIS FL DELETE 1.4 CITY-ST-2IP TITLE NAME MERRELL, WILLIAM S STREET ADDRESS STREE				8	3					\dashv
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register of agent, and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature Signatur	***	LOT I ALM DENOTITE SONO!						11		4
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 signature required when reinstating) DATE				8	4 City		FL	85 Zip	Code	
Signature, typied or printed name of regetered agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE	11. Pursuant i office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, F	ites, the abo authorized l lorida Statut	ve-named o by the corpo es.	corporation submits this statement for to pration's board of directors. I hereby a	he purpose of ccept the app	changing i ointment as	ts registered registered	a
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14. Nereby 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.