

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90011 028 ***150.00

0320376

DOCUMENT # L10037

1. Corporation Name

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

Principal Place of Business

% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401

Mailing Address

% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1989

4. FEI Number

65-0129430

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
501 S FLAGLER DR
SUITE 505
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

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 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

PSD

NAME

BUTLER, HOWARD, M.D.

STREET ADDRESS

5301 S CONGRESS AVE

CITY-ST-ZIP

ATLANTIS FL

TITLE

V

☐ DELETE

NAME

MERRELL, WILLIAM S

STREET ADDRESS

5301 SOUTH CONGRESS AVE

CITY-ST-ZIP

ATLANTIS FL

TITLE

V

☐ DELETE

NAME

BOYLE, THOMAS P

STREET ADDRESS

5301 SOUTH CONGRESS AVE

CITY-ST-ZIP

ATLANTIS FL

TITLE

V

☐ DELETE

NAME

BAJAKIAN, RICHARD L

STREET ADDRESS

5301 SOUTH CONGRESS AVE

CITY-ST-ZIP

ATLANTIS FL

TITLE

V

☐ DELETE

NAME

STANTON, WILLIAM

STREET ADDRESS

5301 SOUTH CONGRESS AVE

CITY-ST-ZIP

ATLANTIS FL

TITLE

V

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

561-642-3727

Daytime Phone #

CR2E034 (1/98)