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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

 Corporation 	MENT # MO1840 A. Wester, M.D., P.A.)								
Principal Place	e of Business	Mailing Address						Aft Ribti afalt Billti Af	INII BIR	121 0 1011 1601
C/O R. REGIS REASBECK 5015 HOLLYWOOD BLVD. HOLLYWOOD FL 33021		C/O R. REGIS REASBECK 5015 HOLLYWOOD BLVD. HOLLYWOOD FL 33021				DO NOT WRITE	IN THIS SPACE			
						3.	Date Incorporated or Qualifed 06/12/1984		_	
2. Principal Pl	ace of Business	2a. Mailing Address	,			4.	FEI Number		Appl	ied For
21	•	26					<u>59-2415665</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	. Certifcate of Status Desired [* .		Iditional
22		27 .				<u>.</u>	Control of	Fee	Requ	
City & State	e	City & State	•		-	6.	Election Campaign Financing	, , ,		lay Be
23		28					Trust Fund Contribution	Add	led to	Fees
Zip	Country	Zip ·	Count	iry		8.	. This corporation owes the current	year Intangible ☐ Yes	۲	□No
24	25		0			10	Personal Property Tax. Name and Address of New Reg	_		
	9. Name and Address of Curren	t Registered Agent	8	31	Name	10.	. Name and Address of New Neg	Stored Agent		
WESTER, JUAN S. A.										
5015 HOLLYWOOD BLVD.				32	Street Addr	ess (F	P.O. Box Number is Not Acceptable	•)		
HOLLYWOOD FL 33021			la la	33						
			L							
			8	34	City		and the second	FL 85 2	Zip Co	ode
office or re	to the provisions of Sections 607.050; egistered agent, or both; in the State on m familiar with, and accept the obligat	of Florida, Such change was autions of, Section 607.0505, Florid	norized d la Statute	es.	ine corporation	on s D	oard of directors. Thereby accept to	pose of changing ne appointment a	jits regi	egistered stered
40	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F D DIRECTORS	13.	gent	signature require		ADDITIONS/CHANGES TO OFFICE		CTOF	S IN 12
12.	PD	DELETE	1.1 TITLE	 E			715511161167 <u>6111111626</u> 116	☐ Char		Addition
NAME	WESTER, JUAN S.A.		1.2 NAM					_	•	
STREET ADDRESS	5015 HOLLYWOOD BLVD.				ADDRESS					
	HOLLYWOOD FL		1.4 CITY-							
C/TY-ST-Z/P	A	☐ DELETE	2.1 TITLE		-ZIF			Char	nge	Addition
NAME	REASBECK, R REGIS(A-I-F)	_	2.2 NAM							
STREET ADDRESS	6011 RODMAN STREET				ADDRESS					
CITY-ST-ZIP .	HOLLYWOOD FL		2. 4 CITY		1					
TITLE	1022111000011222	□ DELETE	3.1 TITLE					☐ Char	nge	Addition
NAME			3.2 NAM	Ε						
STREET ADDRESS			3.3 STR	EET.	ADDRESS		•			
CITY-ST-ZIP			3.4. CITY		l l					
TITLE		☐ DELETE	4.1 TITLE	Ε				☐ Char	nge	Addition
NAME			4. 2 NAM	ИΕ						
STREET ADDRESS		•	4.3 STRE	EET,	ADDRESS					
CITY-ST-ZIP		_	4.4 CITY	-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITLE	E				☐ Char	nge	Addition
NAME			5.2 NAM							
STREET ADDRESS		•	5.3 STRE	EET,	ADDRESS					
CITY+ST-ZIP			5.4 CITY		-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Chai	nge	Addition
NAME			6.2 NAM	Œ	- 1					

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 of 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 of 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 of a partial chiment viet 20 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

-- CBOEN3/-/11/08)