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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05843

(1)

CHESTER H. MORRIS, M.D., P.A.

FILED
Jan 30 1998 8:00am
Secretary of State



CO CHESTER H. MORRIS. M.D. SOLE 6. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Principal Place	of Business	Mailing Address			
### BHORES FL 33139  ### BHORES FL 33139  #### BHORES FL 33139  #################################						
8. Principal Place of Business   2a. Mailing Address   3a. Mailing						DO NOT WRITE IN THIS SPACE
2. Principal Place of Business   2s. Mailing Address   4. FEI Number   Application   Application   Application   Application   Suito April *, etc.   Suito	MIAMI SHORES	5 FL 33138	MIAMI SHUKES IL 331	MIAMI SHORES FL 33138		
Personal Proces of Business   2a. Minling Address   5. Section   2a. Minling Address   5. Section   2a. Suite. April #, otc.   2b. Suite. April #, otc.   5. Certification of Stytus Desired   58.75 Additional Fee Required   2b. Suite. April #, otc.   5. Certification of Stytus Desired   58.75 Additional Fee Required   2b. Suite.   5. Certification of Stytus Desired   58.75 Additional Fee Required   50. Suite.   5. Certification of Stytus Desired   58.75 Additional Fee Required   50. Suite.   5						1
Sulfo, Apt. # etc.  Sulfo,	9 Principal Pla	no of Rusiness	2. Mailing Address			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   City & State   Suite, Companying Francing   S5.00 May Be Trust Fund Contribution   Added to Fees Production   Suite Fund Contribution   Added to Fees Production   State Fund Contribution   State Fund Contributi		O Dusiness				1 T
City & State		elc.				S8.75 Additional
City & State    City & State   City	<del></del>	, 810.	<u>├</u>			1 E Cortificate of Status Desired
28						6 Flection Campaign Financing \$5.00 Nov Ro
April   27   27   27   27   27   27   27   2			— ·			
QN are and Address of Current Registered Agent  QN Name and Address of Current Registered Agent  QN Name and Address of Current Registered Agent  QN Name and Address of New Registered Agent  QN Name and Address (P.O. Box Number is Not Acceptable)  QN Name and Address of New Registered Agent  QN Name and Address (P.O. Box Number is Not Acceptable)  QN Number Is Not Acceptable  QN Number Is Not				Country	<del> </del>	
MORRIS, CHESTER H., M.D.  680 N.E. 95 ST. MIAMI SHORES FL 33138	_	<u>├</u>		<del></del>		
MORRIS, CHESTER H., M.D.  680 N.E. 95 ST.  MIAMI SHORES FL 33138  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the decidence of registered agent, or both, in the State of Florida Such change was sutherized by the corporation submits this statement for the provisions of Sections 607 0502, Florida Statules, the corporation is board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was sutherized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statules, the corporation's board of directors. I hereby accept the appointment as registered states.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PO  MARK  MORRIS, CHESTER H., M.D.  734 N.E. 119 ST.  BISCAYNE PARK FL  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DEL	571					
680 N.E. 95 ST. MIAMI SHORES FL 33138  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 05 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 507,1508, Fiorida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the statement of the purpose of changing its registered agent, and the statement of the company of the corporation's board of directors. I hereby accept the appointment as registered agent, are both in the State of Fiorida Statules.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INTEL  DELETE  1.1 ITILE  DELETE  3.1 ITILE  1.2 JAMAE  2.3 SIRRET ADDRESS  DIV'S 1-2P  TITLE  DELETE  3.1 ITILE  D	NO	<u> </u>		81	Name	
MIAMI SHORES FL 33138    63					Ļ	
B3				82 Street Ad		et Address (P.O. Box Number is Not Acceptable)
### City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-harmed corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes    Signature Types or prosed more at negocial agent agent in the State of Florida Statutes   Signature Types or prosed more at negocial agent agent in the State of Florida Statutes   Signature Types or prosed more at negocial agent agent in the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes   Signature Types or prosed more at negocial agent agent in the purpose of change agent in the purpose of change in the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes   Signature Types or prosed more at negocial agent agent agent in the purpose of change in the appointment as registered agent. I hereby accept the appointment as registered agent.    12.	MIA	MI SHURES FL 33138		83	-	- Later varie
THE PROPERTY OF THE PROVISIONS of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent, or both, in the State of I fortian Such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of I fortian Such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of I fortian Such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of I fortian Such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered degent, or both, in the State of I fortian Such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of I forting Such as a such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered degent, or both, in the State of I forting Such as a such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered degent, or both in the State of Interest and I forting Such as a such change was author/red by the corporation's board of directors. I hereby accept the appointment as registered degent, or both in the State of Interest Addition.  12.  12.  13.  13.  14.  15.  15.  15.  15.  15.  15.  15				ا		
11. Presuant to the provisions of Sections 607 000 and 607 1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of I foreida. Statutos.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  MORRIS, CHESTER H., M.D.  734 N.E. 119 ST.  BISCAYNE PARK FL  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  31 TITLE  DELETE  32 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  41 TITLE  DELETE  33 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  34 CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  35 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  44 CITY-ST-ZPP  TITLE  DELETE  45 CITY-ST-ZPP  TITLE  DELETE  45 CITY-ST-ZPP  TITLE  DELETE  45 CITY-ST-ZPP  TITLE  DELETE  45 CITY-ST-ZPP  45 CITY-ST-ZPP  TITLE  DELETE  45 CITY-ST-ZPP				84	City	85 Zip Code
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, 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, 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, or both, in the State of Florida Such change statutes.    Signature   Signature			100 to 100 to 11 A		<u> </u>	
SIGNATURE   Sign	11. Pursuant to	o the provisions of Sections 607.05 inistered agent, or both, in the Sta	te of Florida Such change was	utes, the abov s authorized b	e-named y the cor	corporation's board of directors. I hereby accept the appointment as registered
12.   OFFICERS AND DIFFECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   14.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   14.   CITY. ST. 2P   ADDITIONS   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   14.   CITY. ST. 2P   ADDITIONS   ADDITION	agent. I an	familiar with, and accept the obli	igations of, Section 607.0505, F	Florida Statute	s.	
12.	SIGNATURE					
TITLE			<u> </u>		ent signature	
MORRIS, CHESTER H., M.D.   12 NAME   1.3 STREET ADDRESS   734 N.E. 119 ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP						
1.3 STREET ADDRESS	· · ·		<del>-</del>			U thange I Addition
Addition   Change   Change   Addition   Change	NAME		,			
DELETE   DELETE   2.1 TITLE   Change   Addition	STREET ADDRESS			1.3 STREE	ADDRESS	§\$
NAME	CITY-ST-ZIP	BISCAYNE PARK FL	[] oc. 555		ST-ZIP	Character II Addition
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change	TITLE		☐ DELETE	2.1 TITLE		Li change (Li Aoutton :
CITY-ST-ZIP	NAME			2.2 NAME		
CITY-ST-ZIP	STREET ADDRESS			2.3 STREE	ADDRESS	SS .
NAME	CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE		L_ DELETE	3.1 TITLE		Change L. Addition
STREET ADDRESS   S.4. CITY - ST - ZIP	NAME			3.2 NAME		
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CRAME         Change         Addition           STREET ADDRESS         G.3 STREET ADDRESS         G.3 STREET ADDRESS         G.3 STREET ADDRESS         G.4 CITY-ST-ZIP	STREET ADDRESS			3.3 STREE	ADDRESS	SS
NAME	CITY-ST-ZIP			3.4. CITY -	ST-ZIP	
### ADDRESS #### ADDRESS ###################################			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
Addition   City-St-ZiP   Addition   Change   Addition   Addition   Change   Addition	NAME	•		4. 2 NAME		
Addition	STREET ADDRESS			4.3 STREE	ADDRESS	ss
TITLE	City-St-ZIP			4.4 CITY-	ST-ZIP	
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP			DELETE			☐ Change ☐ Addition
STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP	1			5.2 NAME		
S.4 CITY-ST-ZIP	1			•	I ADDRESS	ss
TITLE DELETE 6.1 TITLE Change Addition  NAME 6.2 NAME  STREET ADDRESS 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP						
NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP			DELETE		<u></u>	Change Addition
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP						
CITY-ST-7IP	1				I ANNDESS	22
				•		»
	CITY-ST-ZIP	artify that the information administ	with this filling does not qualify			tated in Section 119.07(3)(i). Florida Statutes. I further certify that the information

In hereby certify that the information explained 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 of the coefficient of the composition of the co

98 305-757-155