PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 032 ***150.00

DOCUMENT # M41267

KENDALL OAKS PROFESSIONAL CENTER, INC.													
Principal Place	e of Business	Mailing Add	Iress		_		1106101	(† 15) dies ingle in	DSA BIÈLI 1884 BYO		ii Eight Bil	BEI EIEM IANG	
6401 SW 87 AV STE 210 MAIMI FL 33173 US		6401 SW 87 AVE SUITE 210 MIAMI FL 33173 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/06/1986]		
a Principal C	lace of Business	2a. Mailing	Address				# FEI Number				App	lled For	1
_ ·	ides of Business	26					59-2745			1		Applicable	1
21 Suite, Apt. #. etc. 22 Suite 212		Suite, A	Suite, Apt. #, etc.					f Status Desire	ed []		3.75 A	dditional juired	
City & State			City & State				6. Election Co	mpaign Financ	ing	\$	5.00 A	Vlav Be	1
23		28					Trust Fund	Contribution	<u> </u>		Added to	Fees	Į
Zip	Country	Zip		Cour	itry —		8. This corpo	ation owes the	current year				
24	25	29	3	0				roperty Tax.		y Y		□ No	4
	9. Name and Address of Current	Registered Ag	ent		-4T ii		10. Name and		ew Register	ed Agen	<u> </u>		ł
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	NS, LAURIE P MINORCA AVE.			Ì	82 Stre	et Addres	s (P.O. Box Nu ackbir	nber is Not Acc	ceptable)				1
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	ZUU VAL GABLES FL 33134			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	83								}
COA	INE CARDES LE 20104			Ţ	84 City	ckle				L 85	Zip C	ode	
		1 007 1500	Florida Statuta	the ab	RC	CKTE	alion submits th	e etatement for	the ourses	of chanc	329	egistered	ł
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida Such	change was aut	horized	by the co	rporation	's board of direct	ors. I hereby a	ccept the ap	pointmen	t as regi	istered	Ì
	on familiar with and accept the obligation												
agent. ra	in isingay with, and accept the cyngator	013 01, 3600011	007.0303, FIOR	Ja Statut ァイン	tes.	, /	2		2/201	lana	7		
SIGNATURE	Soward Thlund	ow Ho	WARD B	/14	WIDOU	ע לי	USLDENV	- 	3/28/	1999	7		<u>ج</u>
SIGNATURE	Signature, typed or printed name of registered agont OFFICERS AND	and tale if applicable.	WARD B	/14	VIDOU	ע לי	NUSIDON I	CHANGES TO	S/28/	1997		RS IN 12	(96/
1	Signature, typed or printed name of registered agent	DIRECTORS	WARD B	egistered A	<i>VIDOU</i> Igent signatu	ע לי	NUSIDON I		S/28/	1997	ECTOR		(11/98)
SIGNATURE	Signature, typed or portled name of regulared aport OFFICERS AND	DIRECTORS	WARD B	13. 1.1 TITL	<i>WIDOU</i> Igent signatu LE	re required w	hen reinstating) ADDITIONS	CHANGES TO	DATE OFFICERS	AND DIE	RECTOR hange	RS IN 12	34 (11/98)
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14. Thereby certify that the information supplied with this filling 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 paceiver 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.

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SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

305-274-1742