


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90114 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M41267

1. Corporation Name

KENDALL OAKS PROFESSIONAL CENTER, INC.

Principal Place of Business

 6401 SW 87 AVE
 STE 210
 MIAMI FL 33173
 US

Mailing Address

 6401 SW 87 AVE
 SUITE 210
 MIAMI FL 33173
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1986

4. FEI Number

59-2745328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$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.
Suite 212

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.
Suite 212

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

 EVANS, LAURIE P
 328 MINORCA AVE.
 STE 200
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Howard B Davidow

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

842 Blackbird Court

83

84 City

Rockledge

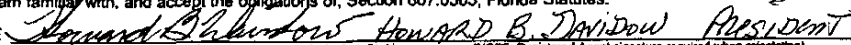
FL

85 Zip Code

32955

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



3/28/1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 DT
 MCKEAN, RANDOLPH A
 8401 SW 87TH AVE. STE 210
 MIAMI FL
TITLE ☐ DELETE
 PD
 DAVIDOW, HOWARD B
 8910 SW 108TH ST.
 MIAMI FL 32
TITLE ☐ DELETE
 SD
 SCHWARTZ, BEN
 5480 SW 94TH TERRACE
 MIAMI FL
TITLE ☐ DELETE
 VPD
 KEEN, JAMES W
 14945 NW 25TH COURT
 MIAMI FL
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS 6401 SW 87 Avenue, Suite 212
 1.4 CITY-ST-ZIP Miami, FL 33173
2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS 4600 Olympic Way
 3.4 CITY-ST-ZIP Evergreen, CO 80439
4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

Date

305-274-1742

Daytime Phone #

CR2E034 (11/98)