## 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

## DOCUMENT # M43043

JAMIE R. MORHAIM, M.D., P.A.

Principal Place	e of Business	Mailing Address	•		[ }0010001	18 1111 DiBIS BSB11 BIBII BIBII BIBII BIBII 1081
1725 UNIVERSITY DR		1725 UNIVERSITY DR				
SUITE 425		SUITE 425		DO NOT WRIT	E IN THIS SDACE	
CORAL SPRINGS FL 33071 US		CORAL SPRINGS FL 33071 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
US .					12/11/1986	
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21	ideo of Edoliness	26			59-2742486	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	
24	25	29	30		Personal Property Tax.	Yes No
	9. Name and Address of Curro			11 Name	10. Name and Address of New Ro	egistered Agent
MOD	MANA JAME DMO	6.3	•	Name		
	RHAIM, JAMIE R M.D. 5 UNIVERSITY DR		8	2 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
!	E 425		_	13	1 2 4 4 5 12 12 12 12 12 12 12 12 12 12 12 12 12	\$5.00 \$1.00
	IAL SPRINGS FL 33071		ľ	13		
) COR	IAC SPRINGS PC 33071		8	14 City	* * * * * * * * * * * * * * * * * * *	85 Zip Code
f		100 1007 1500 FF 71 D			rporation submits this statement for the p	FL purpose of changing its registered
4.5						Jul bose of Changing its registered
office or r	registered agent or both, in the Stat	e of Florida. Such change wa	s authorized t	by the corporat	ition's board of directors. I hereby accept	the appointment as registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obligations.	e of Florida. Such change wa pations of, Section 607.0505,	s authorized t	by the corporat	tion's board of directors. I hereby accept	the appointment as registered
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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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90018 024 \*\*\*150.00