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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M64646

1. Corporation Name

CAREY GREEN M.D., P.A.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90004 030 ***150.00



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Principal Flace	e of Business	Mailing Address			r iddistri ish titir maia milit bidia gili til	() 41911 619 11 819 1	(P)\$() \$(\$) (\$\$)
CAREY GRIEN, M.D., P.A. 5975 SUNSET DR. SUITE 501 S MIAMI FL 33143		CAREY GREEN, M.D., P.A. 5975 SUNSET DR. SUITE 501 S MIAMI FL 33143			DO NOT WRITE IN TI	IIS SPACE	
บร					3. Date Incorporated or Qualified 01/12/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI N imber	Α	Applied For
21		26			65-0022658		No Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional Required
City & Stat	le	City & State			Electic n Campaign Financing Trust Fund Contribution		0 vlay Be d to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		5 7
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	№ No
	9. Name and Address of Curr	en Registered Agent		<u> </u>	10. Name and Address of New Register	d Agent	
	TTI NEW MARC		8	1 Name			
POSTELNEK, MARC			8	2 Street Add	ress (P.O. Bo) Number is Not Acceptable)		
407 LINCOLN RD. #10-B						·	
	-b Mi Beach Fl 33139		8	3			
MIM	MI BEACH FE 33139		8	4 City		85 Zip	Code
						L 03 2 2 1	
office or r	registered agent, or both, in the Sta	te cf Florida. Such change was auth gations of, Section 607.0505, Florida	norized b	y the corporati	poration submi s this statement for the purpose ion's board of directors. I hereby accept the ap	ointment as	registered
)	in fattiliai with, and accept the obi	3 260/13 01, 000/00/1 001:0000, 1 15/10/	o olalar				
SIGNATUFE	Signature, typed or printed na ne of registered a	gent and title if applicable (NOT E. Re	egistered Ag	ent signature require	ed when reinstating) DATE		
12.	OFFICERS :	ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	☐ DELETE	1.1 TITLE	:		Change	e Addition
NAME	GREEN, CAREY, M.D.		1.2 NAME	•			
STREET ADDRESS	13856 SW 67 PL	i	13 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33158		1.4 CITY-	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	e 🔲 Addition
NAME	GREEN, CAREY, M.D.		2.2 NAME	}			
STREET ADDRE 3S			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33158		2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME			3.2 NAME				
STREET ADDRESS			33STRE	ET ADDRESS			
CITY- ST- ZIP			34 CITY				
TITLE		☐ DELETE	4.1 TITLE			Change	e
NAME			4 2 NAM				
STREET ADDRES S			43 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE	i		☐ Change	e Addition
NAME			5.2 NAME)			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e
NAME			62 NAM	Ξ			
STREET ADDRESS	[6.3 STRE	ET AODRESS			

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 or rifly that the information indicate 3 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.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-665-0881