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Secretary of State

05-04-1999 90012 033 ***150.00

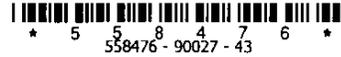
PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 91235 ✓
1. Corporation Name

MARK Middlebrooks, Ph.D., P.A.



Principal Place of Business Mailing Address
1007 West Commercial Blvd.
Ft. Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 20, 1988

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 1007 West Commercial Blvd. 26 1007 West Commercial Blvd. 65-0095904 Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. \$8.75 Additional Fee Required
23 City & State 27 City & State 5. Certificate of Status Desired [] \$5.00 May Be Added to Fees
23 Ft. Lauderdale, FL 27 Ft. Lauderdale, FL 6. Election Campaign Financing: Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 33309 25 USA 29 33309 30 USA 8. This corporation owes the current year intangible Personal Property Tax. [] Yes [X] No

9. Name and Address of Current Registered Agent
D
MIDDLEBROOKS, MARK
1007 West Commercial Blvd.
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Mark Middlebrooks
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1007 West Commercial Blvd. Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mark Middlebrooks* MARK MIDDLEBROOKS 4/11/99 (954) 973-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)