

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90081 039 \*\*\*150.00

**DOCUMENT # M93899**

1. Corporation Name

J.W. BIN, M.D., P.A.

Principal Place of Business

8750 SW 144TH ST #201  
MIAMI FL 33176  
US

Mailing Address

8750 SW 144TH ST #201  
MIAMI FL 33176  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1988

4. FEI Number

65-0072219

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

2a. Mailing Address

21 8750 SW 144 Street

26 8750 S.W. 144 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

24 33176 25 Dade

29 33176 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIN, J.W., M.D.  
8750 SW 144TH ST #201  
MIAMI FL 33176

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 ☐ DELETE

D  
BIN, J. W., M.D.  
6262 SUNSET DR #501  
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

NAME 12 NAME

STREET ADDRESS 13 STREET ADDRESS

CITY-ST-ZIP 14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME 2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 2.2 NAME

CITY-ST-ZIP 2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME 2.4 CITY-ST-ZIP

STREET ADDRESS 3.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP 3.2 NAME

TITLE ☐ DELETE

NAME 3.3 STREET ADDRESS

STREET ADDRESS 3.4 CITY-ST-ZIP

CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME 5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 5.2 NAME

CITY-ST-ZIP 5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME 6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 6.2 NAME

CITY-ST-ZIP 6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME 6.4 CITY-ST-ZIP

STREET ADDRESS

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

Date

Daytime Phone #

CR2E034 (1/98)