

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M93955** (6)

1. Corporation Name

MIL-LAKE MEDICAL CENTER P.A.

Principal Place of Business

**4617-19 LAKE WORTH ROAD
LAKE WORTH FL 33463**

Mailing Address

**4617-19 LAKE WORTH ROAD
LAKE WORTH FL 33463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0068270	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABELLARD, DAVID M.D.
4617-19 LAKE WORTH ROAD
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81	Name	David Abellard, M.D.	
82	Street Address (P.O. Box Number is Not Acceptable)	1036 Island Shores Dr.	
83			
84	City	WPB	FL
85	Zip Code	33413	

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

David Abellard, M.D.
Signature (typed or printed name of registered agent and fee, if applicable)

David Abellard, M.D.

1/15/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ABELLARD, DAVID MD	
STREET ADDRESS	9334 HEATHRIDGE DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	ABELLARD, DAVID	
STREET ADDRESS	9334 HEATHRIDGE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Abellard, M.D.	
1.3 STREET ADDRESS	1036 Island Shores Dr.	
1.4 CITY-ST-ZIP	WPB, FL 33413	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Abellard, M.D.	
2.3 STREET ADDRESS	1036 Island Shores Dr.	
2.4 CITY-ST-ZIP	WPB, FL 33413	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *David Abellard, M.D.* **1/15/98** **65-0068270** **11/11**

CR2E034 (10/97)