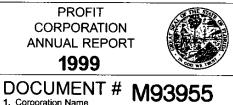
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90005 038 ***150.00

MIL-LAK	KE MEDICAL CENTER P.A.						
Principal Plac	ce of Business	Mailing Address				a il 110 11 010 11 011 11	DIBN DIBN IBN
4617-19 LAKE WORTH ROAD 4617-19 LAKE WORTH ROAL LAKE WORTH FL 33463 LAKE WORTH FL 33463			ID		DO NOT WRITE IN TI	HIS SDACE	
					3. Date Incorporated or Qualifed	113 SPACE	
					08/11/1988		
Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
26					65-0068270		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Additional	
27				5. Certifcate of Status Desired		equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
3		28			Trust Fund Contribution		to Fees
Zip ~~	Country	Zip _	Count	ry	8. This corporation owes the current year	Intangible	
4	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent	8	4 Name	10. Name and Address of New Register	ed Agent	
ARF	LLARD, DAVID M.D.		0	1 Name			
1036 ISLAND SHORES DR			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
W P B FL 33413			8	2			
			*	3			
			8	4 City	F	85 Zip (Code
office or r	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized b	v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	registered gistered
SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Flore	da Statute	s.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ag	ent signature requir	red when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
ritile	VPS DELETE		1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	ABELLARD, DAVID M		1.2 NAME				
STREET ADDRESS	1036 ISLAND SHORES DR		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413		1.4 CITY-ST-ZIP				
TITLE	-		2.1 TITLE			Change	☐ Addition
NAME	ABELLARD, DAVID M		2.2 NAME	İ			
STREET ADDRESS	1036 ISLAND SHORES DR		2.3 STREI	T ADDRESS	we have the second		
CITY-ST-ZIP	WEST PALM BEACH FL 33413		2. 4 CITY-	ST-ZIP	***		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
AME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			ļ
XTY-ST-ZIP		□ DELETE	3.4. CITY-	ST-ZIP			
TILE		☐ DELETE	4.1 TITLE			Change	Addition
IAME			4, 2 NAME	1	•		}
TREET ADDRESS			4.3 STREE	TADDRESS			
ITY-ST-ZIP		Clocicie	4.4 CITY-	ST-ZIP			
TLE		☐ DELETE	5.1 TITLE		•	☐ Change	Addition
IAME			5.2 NAME	T +D000000	•		ł
TREET ADDRESS				T ADDRESS			
TITY-ST-ZIP		DELETE	5.4 C/TY-5 6.1 T/TLE	si-CP			F== 4 1 100
		(DELETE	6.2 NAME			Change	Addition
TREET ADDRESS				TADODESS			
TREET ADDRESS			0.3 STREE	TADORESS			

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.

or we are