

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90097 008 ***150.00

DOCUMENT # M96175

1. Corporation Name

MEDICAL EQUITY LEASING, INC.

Principal Place of Business

761 NEWCASTLE ST.
BOCA RATON FL 33487

Mailing Address

761 NEWCASTLE ST.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1988

4. FEI Number

59-2906796

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

21 3594 50. Ocean Blvd.

Suite, Apt. #, etc.

22 Suite 306

City & State

23 Highland Beach FL

Zip

24 33487

Country

2a. Mailing Address

26 3594 50. Ocean Blvd.

Suite, Apt. #, etc.

27 Suite 306

City & State

28 Highland Beach FL

Zip

29 33487

Country

30

9. Name and Address of Current Registered Agent

YANOWITCH, HAROLD
761 NEWCASTLE ST.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

3594 50. Ocean Blvd.

83

Suite 306

84

Highland Beach

FL

85 Zip Code

33487

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

TITLE DVS ☐ DELETE

NAME YANOWITCH, BEVERLY

STREET ADDRESS 761 NEWCASTLE ST.

CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE

NAME YANOWITCH, HAROLD

STREET ADDRESS 761 NEWCASTLE ST.

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 3594 50. Ocean Blvd #306

1.4 CITY-ST-ZIP Highland Beach, FL 33487

2.1 TITLE SAME ☒ Change ☐ Addition

2.2 NAME SAME

2.3 STREET ADDRESS 3594 50. Ocean Blvd #306

2.4 CITY-ST-ZIP Highland Beach, FL 33487

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Beverly Yanowitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

561-393-8900

Daytime Phone #

X299

CR2E034 (11/98)