

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90009 036 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P92000002673**
Corporation Name
JOINT FLORIDA HEALTH CARE ASSOCIATES, P.A.



Principal Place of Business
**2900 N. MILITARY TRAIL
STE. 220
BOCA RATON FL 33431
US**

Mailing Address
**2900 N. MILITARY TRAIL
STE. 220
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Country
25 Zip
29 Country
30

3. Date Incorporated or Qualified
11/06/1992
4. FEI Number
65-0368597
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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**BECKETT, KENNETH C
2900 N. MILITARY TRAIL STE #220
#210-A
BOCA RATON FL 33431**

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

I, the undersigned, being the registered agent of the above-named corporation, do hereby certify that the information furnished in this statement is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|--|---|
| ADDRESS | C BECKETT, KENNETH L 2900 N. MILITARY TRAIL, #220 BOCA RATON FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Michael Blum Acting Director PO Box 880426 Boca Raton FL 33488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ADDRESS | P WEATHERFORD, GREGORY 2609 WOOLBRIGHT RD, STE 1 BOYNTON BCH FL 33436 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | DT KAPLAN, ED 2900 N. MILITARY TRAIL, #220 BOCA RATON FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | VP KHAN, ZAKIR 205 GEORGE BUSH BLVD DELRAY BCH FL 33444 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | S REZNICK, STEVEN 880 NW 13TH ST, STE 2B BOCA RATON FL 33486 <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Blum** **8/30/99** **561-852-7347**

CR2E034 (5/99)