PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOC

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Jun 22	, 1999 8:00 an
Secre	tary of State

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1. Corporation		1000132 y	,				
DICHAN	O GANDAL, M.O., P.A.						
Principal Plac	ce of Business .	Mailing Address			a (būtiūs) iya tarib iyan šanii batil davil	E BOSEL DÆRIGE BUSSE FROM	DI MERITA REAL LAND
4793 N. CONGRESS 5538 CROYDON CT.							
#202		BOCA RATON FL 33486					
LANTANA FL 3	33462	•			DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed		]
	<u> </u>				11/20/1992		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	) <del></del>	pplied For	
21	, , , , , , , , , , , , , , , , , , ,	26 Suites And H oto			65-0386450		ot Applicable Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	-	Additional sequired
22 City & Sta	te .	City & State		<del></del>	6. Election Campaign Financing		May Be
23		28		•	Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current ye		
24	25	29	30		Personal Property Tax.	Yes	□No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
			8-	Name			ļ
<b>1</b>	IDAL, RICHARD G MD		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	<del></del>	
	8 CROYDON CT.						
	TE B		83	3			j
800	CA RATON FL 33486	•	84	4 City		85 Zip	Code
			- 1	1 '		FL	
office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statute	y the corpora s.	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: I			olrod when reinstaking) CA1		
SIGNATURE	Signature, typed or printed name of registered age	ND DIRECTORS				S AND DIRECTO	DRS IN 12
	Signature, typed or printed name of registered age		Registered Ago		pired when reinstating) DA1	re	
12.	Signature, typed or printed name of ingistered age OFFICERS AN D HANDAL, RICHARD G	ND DIRECTORS	Registered Age	ont signature requ	pired when reinstating) DA1	S AND DIRECTO	DRS IN 12
12.	OFFICERS AND HANDAL, RICHARD G 5538 CROYDAN CT.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ont signature requ	pired when reinstating) DA1	S AND DIRECTO	DRS IN 12
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14. Thereby certify that the information supplied with this filling 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 each; 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 on an attachment with an artises, with all other judgmonwered.

SIGNATURE: