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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9200009110

DR. PETER KATZ, M.D., P.A.

## **FILED** Jan 22, 1999 8:00am Secretary of State 01-22-1999 90042 028 \*\*\*150.00



SUITE 12 SUITE 12				44 2			
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436				~	DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed 12/04/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	T A	pplied For
21		26	6		65-0377159	<b>⊢</b>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		, , ,	\$8.75	Additional
22		27			5. Certifcate of Status Desired	1 1 7 -	equired
City & State City & State					Élection Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip			Countr	у	8. This corporation owes the current		10 / 020
24	25	29 3	·		Personal Property Tax.	∏ Yes	□No
	9. Name and Address of Current	<del></del>		<del></del>	10. Name and Address of New Re		
		algary	8	Name			
KAT	Z, JOAN		L				
3301 BOYNTON BÉACH BLVD.			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 12			8:	3	16.00 6 10 6 6 6		
BOYNTON BEACH FL 33436			84	City			Code
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-11Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named co	rporation submits this statement for the p	urpose of changing its	registered
_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 90% agent. It am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE							}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Age	ent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
	DEST						— ii
TITLE	DPST	☐ DELETÉ	1.1 TITLE		of the state of th	☐ Change	☐ Addition
NAME :	KATZ, PETER M.D.	☐ DELETE	1.1 TITLE 1.2 NAME			∐ Change	☐ Addition
	KATZ, PETER M.D.	_	1.2 NAME	et address		∐ Change	☐ Addition
NAME :	KATZ, PETER M.D.	_	1.2 NAME	ET ADDRESS	ST CATTON	∐ Change	_ J Addition
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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.

CR2E034 (11/98)