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

Mailing Address

#200

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8130 ROYAL PALM BLVD.

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

2a. Mailing Address

City & State

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

8130 ROYAL PALM BLVD.

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

#200

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011737

Country

9. Name and Address of Current Registered Agent

STEVEN D. GELBARD, M.D., P.A.

GELBARD, STEVEN D				Name					
1880 NW 124 WAY			82	Street Address (P.O. Box Number is Not Acceptable)					
COR	AL SPRINGS FL 33071		83						
			84	City	FL 85 Zip Code				
office or	to the provisions of sections 607.0502 and 607.1508, Florida S registered agent, or both, in the State of Florida. Such change am familiar with, and accept the obligations of, section 607.050	was authorized	i by	the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTF: Register	red Ac	ent signatur	re required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PV DELE	TE 1.1 TIT	LΕ		Change Addition				
NAME	GELBARD, STEVEN D	1.2 NA	ME		_ • _				
STREET ADDRESS	8130 ROYAL PALM BLVD. #200	1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CIT	TY-ST-	ZIP					
TITLE	DELE	TE 2.1 TiT	LE		Change Addition				
NAME		2.2 NA	ме	İ					
STREET ADDRESS		2.3 STI	REET	ADDRESS	a suppression of the second of				
CITY-ST-ZIP	المعالم المساورين	2.4 CII	_		Start N				
TITLE	DELE	TE 3.1 TIT	LΕ		Change Addition				
NAME		3.2 NA	ME	ļ					
STREET ADDRESS	; ;	3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	• :	3.4 CIT	Y-ST-	ZIP					
TITLE	DELE	TE 4.1 TIT	LE		Change Addition				
NAME	_	4.2 NA	ME						
STREET ADDRESS		4.3 STF	REET	ADDRESS					
CITY-ST-ZIP		4.4 CIT	Y-ST-	ZIP					
TITLE	DELE	TE 5.1 T/7	lΕ		Change Addition				
NAME		5.2 NA	ME	ĺ	·				
STREET ADDRESS		5.3 ST	REET	ADDRESS					
CITY-ST-ZIP		5.4 Cf1	Y-ST-	ZIP					
TITLE	DELE	TE 6.1 TIT	ΊE		Change Addition				
NAME		6.2 NA	ME	ļ					
STREET ADDRESS		6.3 STF	REET.	NDDRESS					
CITY-ST-ZIP		6.4 CIT							
indicated of an officer of	on this annual report or supplemental armual report is true and or director of the corporation or the receiver or trustee empowe 2 or Block 13 if changed, or on a fattachment with an address	l accurate and te ered to execute	that this	ny signa report a	section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears				
SIGNAT	URE: SIGNATURE AND SPENDED PRINTED MANE OF SIGNING OF			ال_	7-10-99 (954) 346 CU ZU Bale Dayling Phone #				

Country

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FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90005 028 ***550.00

	,					
	DO NOT WRITE	IN THIS	S SPAC	E		
	Date Incorporated or Qualified 12/15/1992					
	FEI Number 65-0374191			_	pplied F	
			\$8		ot Applic Addition	
5.	Certificate of Status Desired	 	-		equired	
	Election Campaign Financing		-		May B	1
	Trust Fund Contribution	ليا.		dded	to Fees	
	This corporation owes the curren Intangible Personal Property.	ιyear [Yes	. [3] No	
	Name and Address of New Re	gistered	Agent			
s (P.	O. Box Number is Not Acceptabl	e)				
		Fl	85	·	Code	
011 5	ubmits this statement for the purp					
	ard of directors. I hereby accept	the appo	intmen	tas re	egistere	-
l when	ard of directors. I hereby accept to reinstating) DDITIONS/CHANGES TO OFFICE	the appo	ointmen	t as re	egistered	-
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