Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90034 041 \*\*\*150.00

## 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

## DOCUMENT # P92000013916

1. Corporation Name

ROBIN V. GIPPS, M.D., P.A.

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1 (02)(00) tin think that marin abilt while and	ET ILEMA CITCO IPINI CINI A DISLICADI
1815 EAST COMMERCIAL BLVD.  SUITE 20  1815 EAST COMMERCIAL SUITE 20		**		DO NOT WRITE IN THE	IC CDACE
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 3330				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				12/23/1992	
- 5: :: :15	N. v. of D. vines	2a. Mailing Address		4. FEI Number	Applied For
2. Principal P	lace of Business	26. Walling Address		65-0379943	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	70	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes the current year I     Personal Property Tax.	ntangible
24	9. Name and Address of Current		<del>'</del>	10. Name and Address of New Registere	d Agent
	3. 110110 1110 11010		81 Name		
ROBIN V. GIPPS, M.D.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
2870 N.E. 367H STREET 1430 E, LAKE DE FORT LAUDERDALE FL 33308 Ft, louder dele FL - 333/6		dz Street Ac	Turiess (F.O. Box Number is Not Acceptable)		
FOR	IT TAUDERDALE FL 33308 F-7	Fi 322/	83		
		r C - 35376	84 City		85 Zip Code
				<u>F</u>	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligations.	of Florida. Such change was aนเก	iorized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered ointment as registered
i office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was auth- tions of, Section 607.0505, Florida	iorized by the corpora	ation's board of directors. Thereby accept the app	of changing its registered contract as registered
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CITY-ST-ZIP 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 onean attachment with an address, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

☐ Change