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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001994 (1)

EAST DELRAY MEDICAL, P.A.

FILED Mar 25 1998 8:00am Secretary of State



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Principal Place	of Business	Mailing Address		, (00),00) (10 12 100 100 100 100 100 100 100 100 10	1 MEINT SAID: 11616 1611 1611 1611 1161 1161
275 GEORGE BUSH BLVD 275 GEORGE BUSH BLVD				1	
DELRAY BEACH FL 33444		DELRAY BEACH FL 33444 US		DO NOT WRITE IN THIS SPACE	
US		Ų3		3. Date Incorporated or Qualified	
				01/08/1993	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		28 3 FISHER	LANE	65-0380196	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State	, FL	6. Election Campaign Financing	\$5.00 May Be
23		28 DELRAY BEALI	* * * * * * * * * * * * * * * * * * * *	Trust Fund Contribution	
Zip	Country	Zip 3748'3 3	Country ()	This corporation owes or has pa Personal Property Tax due June	
24	25 9. Name and Address of Currer		<u> </u>	10. Name and Address of New Re	00.
			81 Name		
	NER, ANDREW				1-1
	GEORGE BUSH BLVD			iress (P.O. Box Number is Not Acceptab	iej
DELRAY BEACH FL 33444			60	-13/10:	
			63 E E		
			B4 City DEL	AMS BEACH	FL 85 Zip Code 339483
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named cor	poration submits this statement for the p	unness of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corpora	ation's board of directors. I hereby accep	ot the appointment as registered
	m ramiliar with, and accept the oblig	ations of Section 607.0505, Florid	ua statutes.		3/20/64
SIGNATURE	Signatule, typed or printed partie of registrated age	ont and title if applicable (NOTE: I	Registered Agent signature requ	aired when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST	☐ DELETE	1.1 TITLE		Change [] Addition
NAME	Ladner, andrew D		1.2 NAME		
STREET ADDRESS	275 GEORGE BUSH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		0
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		futber and futber the information

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 informatio 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.

SIGNATURE:

3/20/98

(581)243-2930