## 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 # **P93000024860**1. Corporation Name

RICHARD A. SEIDELMAN, M.D., INC.

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`		Mailing Address					
2623 S SEACRE	EST BLVD	2523 S SEACREST BLVD		•			
214		SUIT E214				,	
BOYNTON BEA	CH FL 33435	BOYNTON BEACH FL 3343	15			IN THIS SPACE	
US	v v	US			3. Date Incorporated or Qualifed 03/30/1993		• •
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	•	26			65-0399050		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	<b>5</b> Additional ,
22		27			5. Certificate of Status Desired	Fee	e Required
City & State	e	City & State		-	6. Election Campaign Financing	<b>\$5</b> .	00:May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curren	nt year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current		11	٠	10. Name and Address of New Re	gistered Agent	
		Est via 12	81	Name		•	
SEID	DELMAN, RICHARD A MD		<u> </u>				·
° 2623	S SEACREST BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptab		
	E 214		83		S CONTRACTOR OF THE STATE OF TH	1241 1 2811 1 1 E 1 2 E E Y	14. 3 ANO. 404 FEST
	NTON BEACH FL 33435		33		· · · · · · · · · · · · · · · · · · ·		<b>基本部 製 博</b>
,			84	City	And the second of the second o	FL 85	Zip Code
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut f Florida, Such change was a	es, the abov	e-named corp the corporati	poration submits this statement for the pon's board of directors. I hereby accept	urpose of changing the appointment a	g its registered is registered
ಿ agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes	ş.		• •	
SIGNATURE		;] •					
						DATE	<del></del> .
OIGIWATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age	nt signature require	ed when reinstating) + + +		
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Age	nt signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
				nt signature require			
12.	OFFICERS AND	DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
12. TITLE NAME	P SEIDELMAN, RICHARD A MD	DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
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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 of 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90007 013 \*\*\*150.00