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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90150 031 ***150.00

1999 DOCUMENT **#P93000026301** if

SARK	IIS ANAC, M.D., P	.A.								
Principal Plac	e of Rusiness	Mailing Address								
2645 S.W. 37th AVE. 2645 S.W. 37th					E					
SUITE #504 SUITE #504				ΑV	E •					
MIAMI, FL. 33133 MIAMI, FL. 33				3		DO NOT WRITE IN THIS SPACE				
						04/0	orated or Qualifed 8/1993	d 		
⊢¬ .	Place of Business	2a. Mailing Address				4. FEI Numbe			⊢	plied For
21		26				65-0	<u>411802</u>			ot Applicable
Suite, Apt.	#, etc. PE #302	Suite, Apt. #, etc. SUITE #30	02			5. Certifcate	of Status Desired			Additional equired
City & Stat		-City & State					mpaign Financing			
23		28					impaign Financing Contribution		\$5.00 Added	
Zip	Country	Zip	. Cou	ntry			ration owes the cui	rrent vear		
24	25	29	30	-		1	roperty Tax.		∑XYes	□No
	9. Name and Address of Current	Registered Agent				10. Name and	Address of New	Register	ed Agent	
				81	Name					
ANGU	ILQ, ANA M			82	Street Add	dress (P.O. Box Nu	mber is Not Accep	table)	-	
l	S. LEJEUNE ROAD							,		
SUITE 310				83						
CORAL GABLES, FL. 33134				84	City	FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the a	bove-	named cor	poration submits th	s statement for the	e purpose	of changing its	registered
	egistered agent, or both, in the State of im familiar with, and accept the obligati				ne corporat	tion's board of direc	tors. I hereby acce	ept the ap	pointment as re	gistered
										I .
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent s	signature requir	red when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		E: Registered	Agent s	signature requir	red when reinstating) ADDITIONS	CHANGES TO O		AND DIRECTO	RS IN 12
			<u></u> -			<u>-</u>	CHANGES TO O		AND DIRECTO	PRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	LE		ADDITIONS PSD ANAC, SA	RKIS MD	FFICERS	X Change	
12.	OFFICERS AND PSD	D DIRECTORS	13. 1.1 TII 1.2 N/	TLE		ADDITIONS PSD	RKIS MD	FFICERS	X Change	
12. TITLE NAME	OFFICERS AND PSD SARKIS ANAC	D DIRECTORS DELETE ROAD #310	13. 1.1 TII 1.2 NA 1.3 ST	TLE	ADDRESS	ADDITIONS PSD ANAC, SA	RKIS MD . 37th A	FFICERS	© Change #302	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND PSD SARKIS ANAC 2151 S. LEJEUNE	D DIRECTORS DELETE ROAD #310	13. 1.1 TII 1.2 NA 1.3 ST	ILE IME REET A	ADDRESS	ADDITIONS PSD ANAC, SA 2645 S.W	RKIS MD . 37th A	FFICERS	X Change	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)