

#150

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 16 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01082008 No Chg-P CR2E034 (11/05)

08

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0410436Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABAE, MICK MD
201 N PINE ISLAND RD
PLANTATION, FL 33324DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABAE, MICK MD
STREET ADDRESS	201 N PINE ISLAND RD
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
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STREET ADDRESS	
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04/23/08-01016-009-**-288.75DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Mick Abae

Date

Daytime Phone #