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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000045180 (5)

JUPIT	ER FAMILY PRACTICE, P.A.				
Principal Pia	ce of Business	Mailing Address		T INCOME THE LEGISLA CONTRACTOR OF SECTION AND SECTION OF SECTIO	88: 81191  188  181  <b>89</b>    169
2151 ALTERNATE AIA. SOUTH 157 N. RIVER DRIVE EAS STE 1250 JUPITER FL 33458 JUPITER FL 33477			T .	DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualified	
A Chity almost	Disease of Division in	Local de line Address		06/21/1993	
<b>—</b>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	1 # elc	Suite, Apt. #, etc.		65-0417063	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	ırrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes 🗌 No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
	osenberg, david c		81 Name		
157 N. RIVER DRIVE EAST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
Jl	UPITER FL 33458				
			63		
			84 City		85 Zip Code
				FI poration submits this statement for the purpose	_
agent. I SIGNATURE			rida Statutes.  Registered Agent signature requir	ion's board of directors. I hereby accept the ap	pointine it as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	: 1,1 TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, DAVID C		1.2 NAME		
STREET ADDRESS	(		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458	[] priese	1.4 CITY-S1-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		_ otter	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	1		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	<u> </u>		5.4 City-St-ZiP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	: •		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 or an attachment with an address.

David Ca Rosenberg 3-30-98 5617430005