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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049242

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MJV MEDICAL MANAGEMENT CORPORATION					ļ			
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Principal Plac	e of Business	Malling Address	•		T I MORTO DE L'AM TOUR DE LET MORTE DOUT IL	BB CIR BINTA ÍBINE KI	## 01010 11E1 1081	
1025 E. HALLANDALE BEACH BLVD. 1025 E. HALLANDALE BEACH BLVD.								
SUITE 9 SUITE 9					DO 1107 1107			
HALLANDALE FL 33009 HALLANDALE FL 33009				•	DO NOT WRITE IN THIS SPACE			_
					3. Date Incorporated or Qualified 07/07/1993			
2. Principal Place of Business 2a, Mailing Address				4, FEI Number		Applied For] ,	
21		26			65-0420360		Not Applicable	
Suite, Apl.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	— — — — —	Additional Required	ł
22 27			·					_
City & Stat	t o	⊢ , '			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country	28	Count	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	8. This corporation owes the current year		0101003	- 1 23
24			30		Personal Property Tax.	∏ Yes	□No	
241	9. Name and Address of Current				10. Name and Address of New Registe			7
			8	1 Name				7
	insoņ, vicki m		ļ.,	C Charles A.d.	desce (D.O. Cou blumber in bled Assessable)			-
1025 E HALLANDALE BEACH BLVD		8	2 Street Au	dress (P.O. Box Number is Not Acceptable)				
SUT	· - ·		8	3		· i	1 3 4	7
HALLANDALE FL 33009			-	A Ob.		last 3	Codo	-
l			8	4 City		FL 85 Zi	Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named co	poration submits this statement for the purpos	e of changing i	ts registered	
office or r	registered agent, or both, in the State o im famillar with, and accept the obligab	n Florida. Such change was au ons of, Section 607.0505, Flori	monzed b da Statute	y me corpora 5	tion's board of directors. I hereby accept the a	ppointment as	Leditreson	
SIGNATURE	11. Anhura		14501	-4.1	resident 7-9	498	1-4-99	
Signators, speed or printed name of registered agent and tale if applicable. (NOTE: Re				ent signatura raqui	red when revocteine) DAT			_
12.	OFFICERS AND							- ē
		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			į į
TILE	S	DIRECTORS DELETE	13. 1.1 TITLE	j j		AND DIRECT		
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14. I hereby certify that the information supplied with this filling 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 cath; 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: _/

SOURCE AND THE REAL OF BEHIND OF BEEFER ON DIRECTOR

7-4-99 7-4-98 (954)458-4561 Depart Proper 8

FILED

Jan 20, 1999 8:00 am Secretary of State

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