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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90005 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082599

ALAN NETZMAN, D.O., P.A.

Principal Place of Business Mailing Address					\$.,, amil: Mail! mail! ##!!	PI 18414 SIBBI 61114		
88555 OVERSE		P O BOX 282							
SUITE 1 TAVERNIER FL 3									
TAVERNIER FL 33070 US						DO NOT WRITE IN THIS SPACE			
US					 Date incorporated or 12/03/1993 	Qualifed		W.F.	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21 26		26			65-0469704			t Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status D	esired	\$8.75		
27		27	·		5. Certificate of States D	331180 🗀	Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Fi	6. Election Campaign Financing \$5.00 May Be			
23	·	28	28		Trust Fund Contribution	Trust Fund Contribution Added to Fees			
Zip	Country	Zip			This corporation owes	8. This corporation owes the current year Intangible			
24 25 29			30		Personal Property Tax				
	9. Name and Address of	f Current Registered Agent			10. Name and Address	of New Registered	d Agent		
HEDOLOGE INV.				81 Name					
HERSHOFF, JAY A				82 Street	Address (P.O. Box Number is Not Acceptable)				
90130 OLD HWY					Address (F.O. Dox Number is that Addeptable)				
TAV	ERNIER FL 33070	•		83		Figure 18			
		» ·		84 City			85 Zip (nda	
				84 City		FI	85 Zip (2006	
11 Pursuani	to the provisions of Sections	607.0502 and 607.1508, Florida St	atutes, the al	ove-named	corporation submits this statemer	t for the nurnoes	of changing its	registered	
office or	registered agent or both in th	ne State of Florida. Such change was obligations of, Section 607.0505.	as authorized	hy the corr	poration's board of directors. I here	by accept the app	ointment as re	gistered	
PRI Sagent, Pa	am tamiliar with, and accept tr	ne obligations of, Section 607.0505,	, Fiorida Statt	nes.					
SIGNATURE	Signature, typed or printed name of regi	istored appet and title if applicable	NOTE: Perietered	Agent signature	required when reinstating)*	DATE			
12.		ERS AND DIRECTORS	13.	ragant arginotaro	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE		LE .	7.100.11.01.01.01.01.01.01.01.01.01.01.01		☐ Change	Addition	
NAME	NETZMAN, ALAN		1.2 NA				_,		
	AAFEE OVERDOEAG IRAN	SHITE 1		REET ADORESS		·			
STREET ADDRESS	TAVERNIER FL	, cone i			' }				
CITY-ST-ZIP	FAVERNIER FL	DELETE		IY-ST-ZIP			Change	Addition	
TITLE		_ betti							
NAME		•	2.2 NA						
STREET ADDRESS	8		1	REET ADORESS				•	
CITY-ST-ZIP				TY-ST-ZIP	<u> </u>		☐ Change	Addition	
TITLE		☐ DELETI	1				- Change		
NAME			3.2 NA						
STREET ADDRÉSS			3 3 ST	REET ADDRESS	vI .	and the second	41	1999	
C/TY-ST-ZIP			3.501	KEE I ADDRESS	1				
TITLE	1		3.4. CI	TY-ST-ZIP					
NAME	,	☐ DELETI	3.4. CI	TY-ST-ZIP			Change	Addition	
STREET ADDRESS	2.	☐ DELETI	3.4. CI	ty-st-zip Le		2	☐ Change	Addition	
OTHER ADDITION	2.	☐ DELETI	3.4. CI 4.1 TTI 4. 2 N/	ty-st-zip Le	1930 - 1930 - 1931 1930 - 1930 - 1930 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930		` ☐ Change	Addition	
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	2.	☐ DELETI	3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CI	TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP	193. A 13.			Addition	
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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.

6.4 CITY-ST-ZIP