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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001162

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90030 043 \*\*\*150.00

ASSOC	ON NAME IATED MEDICAL CONSULT	TANTS, INC.				
Principal Pla	ce of Business	Mailing Address				
•		13061 SABAL CHASE	·			•
13061 SABAL CHASE PALM BEACH GARDENS FL 33418  13061 SABAL CHASE PALM BEACH GARDENS FL			FL 33418	DO NOT WRITE IN	THIS SPACE	
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
				01/06/1994		
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	P	Applied For
21		26	•	65-0464939	N	Not Applicable
Suite, Apt	t.#,:etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00	0 May Be
23	•	28		Trust Fund Contribution	•	d to Fees
Zip	Country	Zip .	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.	Yes	₽Ño
	9. Name and Address of Curr		81 Name	10. Name and Address of New Regist	ered Agent	
RO	SEN, LAWRENCE N	And the Sept of th	[61] Name		•	<u> </u>
SS 292	5 AVENTURA BOULEVARD, SU	ITE 308	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	ENTURA FL 33180		83	2 3 45 7 2 4 17 7 4 17 17 4 18 18 18 18 18 18 18 18 18 18 18 18 18	3.30 - 7.5 DE 10.5	73 73 13 (6)
					独有规则	
	•		84 City		<b>□</b> 85 Zip	Code
.11. Pursuan	t to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	ites, the above-named co	rporation submits this statement for the purpor	se of changing it	ts registered
11. Pursuan office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida. Such change was	ites, the above-named co authorized by the corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the a	se of changing it appointment as r	ts registered registered
agent. I	am familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was a gations of, Section 607.0505, Flo	ites, the above-named co authorized by the corpora orida Statutes.	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing it	ts registered registered
.11. Pursuan office or agent. I	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	ites, the above-named co authorized by the corpora orida Statutes.		•	ts registered registered
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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, my on an attachment with an address, with all other like empowered.