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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001437 (0)

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 223 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	MICHAE	el Henic	CK, M.D., P.	Α.											
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9. Name and Address of Current Registered Agent HENICK, MICHAEL 2235 W HILLSBORO BLVD. DEERFIELD BEACH FL 33442 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 10. Sireet Address (P.O. Box Number is Not Acceptable) 11. Sireet Address (P.O. Box Number is Not Acceptable) 12. Sireet Address (P.O. Box Number is Not Acceptable) 13. Sireet Address (P.O. Box Number is Not Acceptable) 14. City FL. 15. Sireet Address (P.O. Box Number is Not Acceptable) 16. Sireet Address (P.O. Box Number is Not Acceptable) 17. Sireet Address (P.O. Box Number is Not Acceptable) 18. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 10. Sireet Address (P.O. Box Number is Not Acceptable) 11. Sireet Address (P.O. Box Number is Not Acceptable) 12. Sireet Address (P.O. Box Number is Not Acceptable) 13. Sireet Address (P.O. Box Number is Not Acceptable) 14. Sireet Address (P.O. Box Number is Not Acceptable) 15. Sireet Address (P.O. Box Number is Not Acceptable) 16. Sireet Address (P.O. Box Number is Not Acceptable) 17. Sireet Address (P.O. Box Number is Not Acceptable) 18. Sireet Address (P.O. Box Number is Not Acceptable) 19. Sireet Address (P.O. Box Number is Not Acceptable) 10. Sireet Address (P.O. Box Number is Not Acceptable) 11. Sireet Add					_	F	\vdash	,			0.	•	•		
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2235 W HILLSBORD BLVD. DEERFIELD BEACH FL 33442 82 Street Address (P.O. Box Number is Not Acceptable) 83 Back City FL Bs Zip Code City FL Floorists Zip Code City FL Sip Code City F	HFI	NICK, MICH	HAEL					81	Nai	me					
DEERFIELD BEACH FL 33442 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and site it applicable. (MOTE Registered Agent signature required when reinistating) DATE 12.								82	Stre	et Addre	ess (P	O. Box Number is Not Accept	able)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature International Province of name of registered agency and while it appointment as registered Agent signature required when reinstating) Description Date				42											
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regard agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and table it applicable. Signature typed or printed name of registered agent and table it applicable. NOTE: Registered Agent signature required when reinstating) DATE								83							
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CITY-ST-ZIP 64 CITY-S1-ZIP 14. 1 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			- 1-1	material (SI)	11.12. 200					****	Cacti-	n 110 07/9/0\ Flacida Otal 4	معالين ا	antifu that the	intermetics

4. 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 to 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.

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