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

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90133 023 ***150.00

1. Corporation	MENT # P94000 R. PULLER, M.D., P.A.	028465			
Principal Place	of Business	Mailing Address		I INNIINNE ULA SAULI ALA SUL A	å 15001 (01)1 didtä ättet ast 1001
1756 NW 126TH	,	1756 NW 126TH DRIVE			
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					
		•		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE
				04/09/1994	
a Braileat B	The state of Parising State of	2a. Mailing Address		4, FEI Number	Applied For
	ace of Business	<u> </u>		65-0481405	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	<i>n</i> , 0.0.	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State	<i>±</i> · · →	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 3	0	Personal Property Tax.	Yes 🗆 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
81 Name					
SIMOWITZ, SCOTT E			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2101 CORPORATE BLVD			<u></u>		
SUITE 300 BOCA RATON FL 33431			83		
· BU U.	A RATUN FE 33431		84 City		85 Zip Code
				F	
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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
OIONATORE	Signature, typed or printed name of registered agent	,	tegistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE		Change Chambon
NAME	PULLER, DONALD R MD		1.2 NAME		ļ
STREET ADDRESS	1756 NW 126TH DRIVE		1.3 STREET ADDRESS		į
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			2.1 TITLE		
NAME.			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	***	☐ DELETE ~ ·	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.2 NAME		- · -
NAME		\	3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			34. CITY-ST-ZIP	•	
TITLE	-	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.† TITLE		☐ Change ☐ Addition
NAME	l .		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		\
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	l series e e e e e e e e e e e e e e e e e e		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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

174-4100