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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088124

NORTHEAST DOCTORS FAMILY DX CLINIC, P.A.

Principal Place of Business 185 S. LAWRENCE BLVD KEYSTONE HILLS FL 32656 Heights

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 1520

KEYSTONE HILLS FL 32653

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90213 095 ***150.00 04-27-1999 90213 096 *****8.75



DO NOT WRITE IN THIS SPACE Heights 3. Date Incorporated or Qualifed 11/03/1994 4. FEI Number Appl ed For 2. Principal Place of Business 2a. Mailing Address P.O. BOX 185 S. Lawrence Blod Not Applicable 59-3276547 26 \$8.75 Additional Suite. Apt. #. etc 5. Certificate of Status Desired NA Fee Required City & State \$5.00 Nay BE 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This co poration owes the current year Intangible []No ☐ Yes Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VAN BREDA, OMA 82 Street Address (P.O. Box Number is Not Acceptable) 185 S LAWRENCE BLVD **KEYSTONE HEIGHTS FL 32656** 83 Zip Ccde 84 City 85

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.

SIGNATURIE Storature, typed or printed pag e of registered agent; pd title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed nan e of registered agent : nd title if applica-	<u> </u>	·			DC IN 42
12.	OFFICERS AND DIRECTORS		13. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12			
TITLE	DCV	DELETE	1.1 TITLE	OCV , ,	Change	☐ Addition
NAME	van Breda, oma		1.2 NAME	non Breda, Umg	<u>, , , , , , , , , , , , , , , , , , , </u>	
STREET ADDRES S	185 S. LAWRENCE BLVD		1.3 STREET ADDRESS	van Breda Omo	DIVO.	
CITY-ST-ZIP	KEYSTONE HILLS FL 32656	-	1.4 CITY-ST-ZIP	Kenstone Height	5, 1-1. Salayla	
TITLE	PD	DELETE	2.1 TITLE	PID C	Change	☐ Addition
NAME	van Breda, Arelis		2.2 NAMÉ	un Breda, Areli 185 s. Lawrence	Same	
STREET ADDRESS	185 S. LAWRENCE BLVD		2.3 STREET ADDRESS	iss slawience	RIVO.	
CITY-ST-ZIP	KEYSTONE HILLS FL 32656		2.4 CITY-ST-ZIP	reustion Height	<u>5, 1, C ~ @ C @ .</u>	
TITLE	• •	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
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TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	***	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	1		
CITY ST 7ID			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 changed or on an attach yient with an address, with a tother like empowered.

SIGNATURE:

TYPED OR I RINTED NAME OF

CR2E034 (11/98)