

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089708 (9)

1. Corporation Name

LEHIGH MEDICAL ASSOCIATES, INC.



Principal Place of Business

2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308

Mailing Address

ATTN: TAX DEPT.
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0546082

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 228 Plaza Drive

Suite, Apt. #, etc

22 City & State

23 Lehigh Acres FL

24 Zip 33986

Country

2a. Mailing Address

26 P.O. Box 61179

Suite, Apt. #, etc.

27 City & State

28 Durham NC

29 Zip 27715

Country

9. Name and Address of Current Registered Agent

BERGER, JAMES L
100 N.E. 3RD AVE.
SUITE 100
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PONT, EDWIN S. MD
STREET ADDRESS 2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☒ DELETE

TITLE STVD
NAME BAUER, ANNETTE
STREET ADDRESS 2400 E COMMERCIAL BLVD STE 315
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ DELETE

TITLE AS
NAME SNEDEKER, ANGELA M
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P
1.2 NAME Steven M. Scott MD
1.3 STREET ADDRESS 2828 Croasdaile Drive
1.4 CITY-ST-ZIP Durham NC 27705 ☐ Change ☒ Addition

2.1 TITLE SVP
2.2 NAME Rebecca J Scott
2.3 STREET ADDRESS 2828 Croasdaile Drive
2.4 CITY-ST-ZIP Durham NC 27705 ☐ Change ☒ Addition

3.1 TITLE VP T
3.2 NAME Anita S Wegner
3.3 STREET ADDRESS 2828 Croasdaile Drive
3.4 CITY-ST-ZIP Durham NC 27705 ☐ Change ☒ Addition

4.1 TITLE S
4.2 NAME Nancy Loulear
4.3 STREET ADDRESS 2828 Croasdaile Drive
4.4 CITY-ST-ZIP Durham NC 27705 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

CR2E034 (10/97)