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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091925 (5)

STEPHEN M. ROBINS, M.D., P.A.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i ennisting ald finist benes gracis matte uniss anst	9 INCAS CINSO CÓSCO INC	
	on Beach Blyd. Each Fl 33436	3717 BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
<u> </u>	(Constant Day)	-1-2-4-10-00-00-00-00-00-00-00-00-00-00-00-00-				12/20/1994		
	lace of Business	2a. Mailing Address				4, FEI Number	 	oplied For
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.			65-0542008		ot Applicable Additional
22 City & State		27	h			5. Certificate of Status Desired	Fee Re	equired
23						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Country				This corporation owes or has paid the		
24	25					Personat Property Tax due June 30.		No I
	g, Name and Address of Current Registered Agent		100	[10. Name and Address of New Registe		
RO	BINS, STEPHEN M			81	Name			
	17 BOYNTON BEACH BLVD.	•	82 Street Add			ress (P.O. Box Number is Not Acceptable)		
	YNTON BEACH FL 33436			83		1655 (F.O. DOX Humber is NOT Acceptable)		
					City		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 typod or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN		13.	a Agent	signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PT			1.1 TITLE		7,007,017,017,017,017,017,017,017,017,01	Change	Addition
NAME	ROBINS, STEPHEN M	NS. STEPHEN M		1.2 NAME			•	
STREET ADORESS	3717 BOYNTON BEACH BLVI	D.	1.3 STREET		DORESS			
CITY-ST-ZIP	80YNTON BEACH FL		1.4 CII	1.4 CITY - ST - ZIP				
TITLE	\$ DELETE			2.1 TITLE			☐ Change	Addition
NAME	ROBINS, LENORE D		2.2 NAME					
STREET ADDRESS	3717 BOYNTON BEACH BLVI	D.	2.3 STREET ADDRESS		ODRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436		2. 4 CITY-ST-ZIP		ZIP.			
TITLE		☐ DELETE	3.1 T)7	3.1 TITLE			Change	Addition
NAME			3 2 NA	32 NAME				
STREET ADDRESS			3.3 ST	REET AL	DDRESS			
CITY-ST-ZIP		······································	3.4. CI	ITY-ST	ZIP			
TITLE		☐ DELETE	4.1 111	TLE			☐ Change	Addition
NAME			4. 2 N/	AME				
STREET ADDRESS			4.3 ST	REET AC	DDRESS			
CITY-ST-ZIP				TY-ST-	ZIP			
TITLE		☐ DELETE	5 1 TIT				☐ Change	Addition
NAME			5.2 NA		}			}
STREET ADDRESS			5.3 ST	REET AL	DDRESS			İ
CITY-ST-ZIP		[7] as s==		TY-\$1-	ZIP		— —	
TITLE				6.1 TITLE			☐ Change	Addition
NAME			6.2 NA					ł
STREET ADDRESS			6.3 ST	REET AS	odress			
CITY-ST-ZIP			6.4 CII	TY-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 attrophment with an address.