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

DOCUMENT # P9500000762

INSTITUTE OF MEDICINE AND CARDIOLOGY, P.A.

Principal Place of Business	Mailing Address			
115 N.E. 3RD ST. SUITE A OKEECHOBEE FL 34972	115 N.E. 3RD ST. SUITE A OKEECHOBEE FL 34972			
2. Principal Place of Business	2a. Mailing Address			
21	2a. Mailing Address			
Suite, Apt. #, etc.	<u> </u>			
Suite, Apt. #, etc.	26			
21	26 Suite, Apt. #, etc.			

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90020 005 ***150.00



I		Maining Address						aca aresa (191 (89)
115 N.E. 3R	D ST.	115 N.E. 3RD ST.						
SUITE A SUITE A								
ONELO TO DE	LC 1 L 043/2	OKEECHOBEE FL 34972				DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualifed		
2. Principa	Place of Business	2a Maille - Add				01/04/1995		
and the state of t					4. FEI Number		Applied For	
	e, Apt. #, etc.				65-0555081	-	Not Applicable	
22	, ,	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
	City & State City & State			Fee Required				
23				6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28				Trust Fund Contribution	Added	to Fees
24	25	29	$\overline{}$	untry		8. This corporation owes the current year Intar	gible	-
	9. Name and Address of Currer		30			Personal Property Tax.	Yes	□No
	Traine and Address of Curren	nt Registered Agent		04		10. Name and Address of New Registered A	ent	· · · · · · · · · · · · · · · · · · ·
FIL	JNGS INC.	• • • •		81	Name	· · · · · · · · · · · · · · · · · · ·		
	32 N.W. 16TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33311			Lί				
· · · · · · · · · · · · · · · · · · ·			83					
				84	City			
				l i	City	FI	85 Zip	Code
11. Pürsüan	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the al	bove-	named corp			
ી∜ે agent∬	am familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607,0505, Flori	thorized	by ti	he corporation	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment	anging it ient as n	s registerea egistered i
SIGNATURE	:		da Otate	accs.				· ·
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: I	Registered	Agent :	signature required	d when reinstating); ; (Vicin) DATE		<u> </u>
12.	OFFICERS AN	D DIRECTORS	13.		3	ADDITIONS/CHANGES TO OFFICERS AND	NOCOT	200 (1) (0
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NAME		<u> </u>	2.2 NAM		İ	• [Change	☐ Addition
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			_					E 3 Addition
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4. I hereby certify that the information supplied with this filing does not qualify (6) 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 6.4 CITY-ST-ZIP

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR