May 10, 1999 8:00 am Secretary of State

05-10-1999 90138 003 ***150.00

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 # P95000038395

1. Corporation Name

	. SPECIALISTS OF THE PA	LM BEACHES, ING.				
Principal Place	of Business	Mailing Address			1 (20)(53) 70 1010 9777 9877 9877	
5700 LAKE WOF	RTH ROAD	5700 LAKE WORTH RD				
SUITE #204 204 LAKE WORTH FL 33463 LAKE WORTH FL 33463				DO NOT WRITE	IN THIS SPACE	
LAKE WORTH FL 33463 LAKE WORTH FL 33463 US				3. Date Incorporated or Qualifed		
					05/15/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0580501	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired [\$8.75 Additional
22		27				Fee Required
City & State	9	City & State			6. Election Campaign Financing	55.00 May Be Added to Fees
23	Country	Zip	Count	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	
Zip	Country 25		30	ir y	This corporation owes the current Personal Property Tax.	Yes No
24	9. Name and Address of Curren		, ,,,		10. Name and Address of New Reg	gistered Agent
	o. Italio una radicado di anti-		8	Name		
SMIT	H, FRED R		Ļ	32 Street A	ddress (P.O. Box Number is Not Acceptable	a)
5503	S CONGRESS AVE		`	Succes	dates (1.0. box Hambor to Net Hoospital	
	E 206		ε	33		
ATLA	INTIS FL 33462		-	34 City		85 Zip Code
						FL '
Office or re	agistered agent or both in the State.	of Florida, Such change was aut	inorizea i	ov the corpor	orporation submits this statement for the puration's board of directors. I hereby accept the	he appointment as registered
SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid		es.		
SIGNATURE	m familiar with, and accept the obliga	nt and title if applicable. (NOTE: F	Registered A	es.	quired when reinstating)	DATE
SIGNATURE	m familiar with, and accept the obligation of registered agest of the obligation of registered agest of the obligation o	nt and title if applicable. (NOTE: F	Registered A	gent signature rec		CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered agest OFFICERS AN	nt and title if applicable. (NOTE: F	Registered A	gent signature rec	quired when reinstating)	
SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITL:	es. gent signature rec E	quired when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AN VD KRASNER, STEPHEN 5503 S CONGRESS AVENUE	nt and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITL: 1.2 NAM 1.3 STR	es. gent signature rec E IE EET ADDRESS	quired when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN VD KRASNER, STEPHEN 5503 S CONGRESS AVENUE ATLANTIS FL	nt and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITL: 1.2 NAM 1.3 STRI 1.4 CITY	gent signature rec E IE EET ADDRESS	quired when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN VD KRASNER, STEPHEN 5503 S CONGRESS AVENUE ATLANTIS FL TD	itions of, Section 607,0505, Florid int and title if applicable. (NOTE: FID DIRECTORS DELETE	13. 1.1 TITL: 1.2 NAM 1.3 STR	gent signature rec E E EET ADDRESS '-ST-ZIP E	quired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN VD KRASNER, STEPHEN 5503 S CONGRESS AVENUE ATLANTIS FL TD LYSAKER, EARL	itions of, Section 607,0505, Florid int and title if applicable. (NOTE: F ID DIRECTORS DELETE #103	13. 1.1 TITL: 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL: 2.2 NAM	gent signature rec E E EET ADDRESS '-ST-ZIP E	quired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
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CITY-ST-ZIP 14. 1 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: