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 # P95000038828 1. Corporation Name

STEPHEN B. LYONS, M.D., P.A.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90259 046 ***150.00



Principal Place	of Business	Mailing Addre	ss			((PAILS At 114 1010) pilli antii anii anii	or mæthn filmi inimi ibiin	11885 1811 5881
1891 W. HILLSBORO BOULEVARD 1891 W. HILLSBORO BOULEVARD								
DEERFIELD BEA	ACH FL 33442	DEERFIELD BE	DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed		
						05/15/1995		Ī
2. Principal Pl	ace of Business	2a. Mailing Ad	Idress			4. FEI Number	Ap	plied For
21		26				65-0583733	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75	I
22		27				5. Certificate di Status Desired	Fee Re	quired
City & State	9	City & Sta	te			6. Election Campaign Financing	\$5.00	· 1
23		28				Trust Fund Contribution	Added t	o Fees
Zìp	Country	Zip	——————————————————————————————————————	ountry		8. This corporation owes the current ye	ear Intangible MYes	□No
24	9. Name and Address of Curre	29	30			Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Curre	nt Registered Ager	<u></u>	81	Name	To. Maine and Addition of New Megic		
LYO	ns, stephen B M.D.							
	W. HILLSBORO BOULEVARD			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
DEE	RFIELD BEACH FL 33442			83		-		
							· ·	
				84	City		FL 85 Zip (-ode
office or re	egistered agent or both in the State	eof Florida. Such ch	ange was authoriz	ed by	the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 60	7.0505, Florida St	atutes.			•	<u> </u>
SIGNATURE	Signature, typed or printed name of registered age	ent and title it applicable	(NOTE: Register	red Agen	signature required	d when reinstating) Do	ATE	—— ì
12.		ND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	[DELETE 1.1	TITLE			Change	☐ Addition
NAME	LYONS, STEPHEN B M.D.		1.2	NAME				
STREET ADDRESS	1891 W. HILLSBORO BOULEV	/ARD	1.3	STREET	ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4	CITY-ST	-ZIP			
TITLE			DELETE 2.1	TITLE			☐ Change	☐ Addition }
NAME			2.2	NAME				\
STREET ADDRESS			2.3	STREET	ADDRESS	and the second s	بحيسان والواساء	
CITY-ST-ZIP				4 CITY-S	r-zip			T Addition
TITLE				TITLE			Change	☐ Addition
NAME				NAME				1
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP				CITY-S	T-ZIP	4,4**	Change	Addition
TITLE		L		TITLE			□ Citatige	☐ Addition
NAME				2 NAME				
STREET ADDRESS					ADDRESS			[
CITY-ST-ZiP				CITY-ST	- ZIP	4-4	☐ Change	Addition
TITLE				TITLE NAME			_ 0 ,90	
NAME STORET ADDOESS					ADDRESS	,		
STREET ADDRESS				CITY-ST				
CITY-ST-ZIP		<u></u>		TITLE			☐ Change	Addition
NAME				NAME			_ -	
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-7IP			6.4	CITY-S	- 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 trasfer 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.

SIGNATURE: _