## 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 # P95000041591

1. Corporation Name

PROFESSIONAL FORVM ENTERPRISES, INC.

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90100 028 \*\*\*150.00



Principal Place										
1 morpai i iao	e of Business	3	Mai	ling Address						
1208 NORTH MILLS AVENUE 1208 NORTH MILLS AVENUE					JE					
ORLANDO FL 32803 ORLANDO FL 32803								DO NOT WRITE IN THIS SPACE		
							3 Date incorno	orated or Qualifed		
							05/22/199			{
0 000000000000	V ( D i		10-	Mailing Address		_	4. FEI Number			pplied For
2. Principal Place of Business			<del> </del> 1	2a. Mailing Address			ſ		<del>     </del>	ot Applicable
21			26]	Cuita Ant # ata			59-33189	38	<del></del>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					<b>-</b> .		5. Certificate of Status Desired \$8.75 Additional Fee Required			
22			27	City & State		<del>_</del>				
City & State			$\vdash$				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23			28]		Cou					101 003
Zip	г	Country	—	Zìp		ary	·	tion owes the current year In	tangible ∏Yes	□No
24		25	[29]		30		Personal Pro	Address of New Registered		
	9. Name	and Address of Curren	t Registe	ered Agent		81 Name	TU, Name and A	Addiese of Mew Mediatelen		ıme
BDE.	WED IOUN	ı W				``  ` ` <b>.</b>	TOHN W.	BREWER, III		person
BREWER, JOHN W 1208 NORTH MILLS AVENUE						82 Street Add	dress (P.O. Box Num	ber is Not Acceptable)	. '	
						120	78 N. MI	US AVENUE	<u>-</u>	
URL	ANDO FL 3	2003				83				
						84 City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
						1 ARU	ANDO	FL	<u>-   37</u>	Code 2803
11. Pursuant	to the provisi	ions of Sections 607.050	2 and 60	7.1508, Florida Statut	es, the al	ove-named cor	rporation submits this	statement for the purpose or ors. I hereby accept the appo	f changing its	s registered   enistered
office or r	registered age im famili <b>a</b> r wit	ent, or both, in the State the and accept the obliger	of Florida tions of, S	a. Such change was a Section 607,0505, Flo	rida Stati	tes.	mon's board or direct	ars. Thereby accept the appo	1 1	_
1	Mi	"/h /s	111				WER III	PLESIDENT	1/7/9	<i>19</i>
SIGNATURE	Signature, typed	or printed number registered ager	nt and title if	applicable. (NOTE	: Registered	Agent signature requi	ired when reinstating)	DATE	111	
12.		OFFICERS AN			13.		ADDITIONS/	CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
				21010			ADDITIONO			
TITLE	CD			DELETE	1.1 111	.E	ADDITIONOR	· · · · · · · · · · · · · · · · · · ·	Change	
TITLE NAME		MICHAEL A JR M.D.					, ADDITIONOR			
NAME	NOCERO,	, MICHAEL A JR M.D. SUMA DRIVE			1.1 TTT 1.2 NA		, and the second			
NAME STREET ADDRESS	NOCERO, 103 SATS	iuma drive			1.1 TII 1.2 NA 1.3 ST	ME REET ADDRESS	<i>Not</i> more			
NAME STREET ADDRESS CITY-ST-ZIP	NOCERO, 103 SATS ALTAMON				1.1 TII 1.2 NA 1.3 ST	ME REET ADDRESS Y-ST-ZIP	Apprilonor			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	NOCERO, 103 SATS ALTAMON PD	iuma drive Ite springs fl 327		☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII	ME REET ADDRESS Y-ST-ZIP	ADDITIONO		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NOCERO, 103 SATS ALTAMON PD BREWER,	iuma drive Ite springs fl 327 John W III		☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CI <sup>*</sup> 2.1 TII 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE	ADDITIONO		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NOCERO, 103 SATS ALTAMON PD BREWER, 101 CAMI	SUMA DRIVE ITE SPRINGS FL 327 JOHN W III PHOR TREE LN	14	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS	ADDITIONO		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NOCERO, 103 SATS ALTAMON PD BREWER, 101 CAMI ALTAMON	SUMA DRIVE ITE SPRINGS FL 327 JOHN W III PHOR TREE LN	14	DELETE  DELETE  DELETE	1.1 TITI 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TITI 3.2 NA 3.3 ST 3.4 CI 4.1 TITI 4.2 N. 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	ME REET ADDRESS Y-ST-ZIP LE			Change	Addition  Addition  Addition  Addition

CITY-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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: