

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90019 006 \*\*\*550.00

DOCUMENT # **P95000043187**

Corporation Name

**DAVID I. EPSTEIN, M.D., P.A.**

*1755-B Linton Lakes Dr  
Delray Beach, FL 33445*



Principal Place of Business

**800 LINTON BLVD.  
BLDG. B  
DELRAY BEACH FL 33445**

Mailing Address



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/02/1995**

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0599055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAHN, JEFFREY S ESQ.  
KAHN, WAXMAN & TAUB, P.C.  
7251 WEST PALMETTO PARK ROAD, SUITE 202  
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
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		<b>EPSTEIN, DAVID I</b>								
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		<b>DELRAY BEACH FL 33445</b>								
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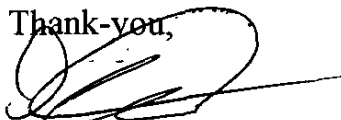
David I. Epstein, MD.  
1755B Linton Lakes Drive  
Delray Beach, Florida 33445  
Tel. 561-243-1371

7-2-99

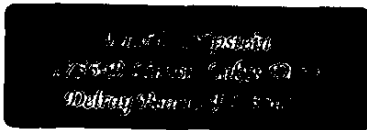
Dear Division of Corporations,

Please amend my mailing address to what is printed above.

Thank-you,



David I. Epstein MD.



1755-B Linton Lakes Dr  
Delray Beach, FL 33445