

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

DOCUMENT # P95000043268 ✓
Corporation Name

ARY KRAU MD, P.A.

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90004 009 ***150.00
09-08-1999 90004 033 ***400.00

Principal Place of Business Mailing Address
3 KANE CONCOURSE 1143 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0585263	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAU, ARY
1143 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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.

NATURE

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

1. D KRAU, ARY 1143 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. T ADDRESS		1.2 NAME	
3. T-ZIP		1.3 STREET ADDRESS	
4. T ADDRESS	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. T-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. T ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
7. T-ZIP		2.3 STREET ADDRESS	
8. T ADDRESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. T-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. T ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
11. T-ZIP		3.3 STREET ADDRESS	
12. T ADDRESS	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. T-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. T ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
15. T-ZIP		4.3 STREET ADDRESS	
16. T ADDRESS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. T-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. T ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
19. T-ZIP		5.3 STREET ADDRESS	
20. T ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. T-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. T ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
23. T-ZIP		6.3 STREET ADDRESS	
24. T ADDRESS	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. T-ZIP			

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/99 (305) 861-6881

CR2E034 (5/99)