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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044137 (4)

1. Corporation Name
ATLANTIS PHYSICIANS III, INC.



Principal Place of Business Mailing Address
5301 SOUTH CONGRESS AVENUE 5301 SOUTH CONGRESS AVENUE
J.F.K. MEDICAL CENTER RADIOLOGY DEPT J.F.K. MEDICAL CENTER RADIOLOGY DEPT
ATLANTIS FL 33462 ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 501 S. FLAGLER DR #505
Suite, Apt. #, etc.

27 City & State

28 W. PALM BEACH, FL

29 Zip

30 33401

Country

USA

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

65-0591813

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BUTLER, HOWARD G M.D.
5301 SOUTH CONGRESS AVENUE
J.F.K. MEDICAL CENTER RADIOLOGY DEPT
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name

Kirk Friedland

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

501 S. FLAGLER DR, #505

83

84 City

W. PALM BEACH

FL

85 Zip Code

33401

11. 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)

4/15/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BUTLER, HOWARD G M.D.
STREET ADDRESS 5301 SOUTH CONGRESS AVENUE
CITY-ST-ZIP ATLANTIS FL 33462 ☐ DELETE

TITLE VSD
NAME SMITH, FRED R
STREET ADDRESS 311 FAIRWAY CT
CITY-ST-ZIP ATLANTIS FL 33462 ☐ DELETE

TITLE TD
NAME KRASNER, STEPHEN
STREET ADDRESS 13820 DOUBLETREE TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33414-4041 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

CR2E034 (10/97)