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Mailing Address

7850 N. UNIVERSITY DR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063485

Principal Place of Business 7850 N UNIVERSITY DR.

ROBERT E. PEARSON, M.D., P.A.

2. Principal Place of Business 2a. Mailing Address 34,741,795 Applied For Not Applied For No	TAMARAC FL 33321		TAMARAC FL 33321					DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2a, Mailing Address 4. FET Number Applied For 28 5.0661576 Not Applied Place 27 Suite, Apt. #. etc. So. Certicate of Status Desired \$8.17 Additional Place Address of Country 20 Country 20 Country 20 Country 20 Personal Property Tax. Roy New Added to Fees No. Added	US		US				3	L Date In	corporated c	or Qualifed	<u>.</u>	-	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Surfice April 4, etc. 2 Surfie, Apt. #, etc. 27 Surfie, Apt. #, etc. 28 Surfie, Apt. #, etc. 29 Surfie, Apt. #, etc.													
Sulle, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing /	Address			4						Applied For
Suite, Apt. #, etc. 27 City & State City & S	21	444 \$. ===	<u></u>					65-06	SC1576				Not Applicable
City & State		#. etc.		pt. #, etc.								\$8.75	Additional
City & State Ci	22		27	. 	٠		. 5	5. Certifca	ate of Status	Desired	U	Fee	Required
28 Trust Fund Contribution Added to Fees 27 29 20 29 30 8. This cryonic weeks the current year Intangible No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 17 See TENTH STREET 1671 SE TENTH STREET 28 28 Street Address (P.O. Box Number is Not Acceptable) 18 Name 28 Street Address (P.O. Box Number is Not Acceptable) 19 PERSON, ROBERT E 1671 SE TENTH STREET 28 28 Street Address (P.O. Box Number is Not Acceptable) 19 PERSON, Box Number is Not Acceptable 19 PERSON, Box Number is Not A		3		state			6	6. Election	n Campaign	Financing		\$5.0	0 May Be
Zip Country Zip Country	23		28					Trust F	und Contribu	ution	<u> </u>	Adde	d to Fees
9. Name and Address of Current Registered Agent PEARSON, ROBERT E 1671 SE TENTH STREET DEERRIELD BEACH FL 33441 182 Street Address (P.O. Box Number is Not Acceptable) 194 City FL 85 Zip Code 195 Address (P.O. Box Number is Not Acceptable) 195 Address (P.O. Box Number is Not Acceptable) 196 Acceptable (P.O. Box Number is Not Acceptable) 197 Acceptable (P.O. Box Number is Not Acceptable) 198 Acceptable (P.O. Box Number is Not Acceptable) 198 Acceptable (P.O. Box Number is Not Acceptable) 199 Acceptable (P.O. Box Number is Not Acceptable) 199 Acceptable (P.O. Box Number is Not Acceptable) 190 Acceptable (P.O. Box Number is Not Acceptable) 191 Acceptable (P.O. Box Number is Not Acceptable) 191 Acceptable (P.O. Box Number is Not Acceptable) 192 Acceptable (P.O. Box Number is Not Acceptable) 193 Acceptable (P.O. Box Number is Not Acceptable) 194 Acceptable (P.O. Box Number is Not Acceptable) 195 Acceptable (P.O. Box Number is Not Acceptable) 196 Acceptable (P.O. Box Number is N		Country	Zip		Countr	у	8	3. This co	rporation ow	es the cur	rent year Int	angible	
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PEARSON, ROBERT E 1671 SE TENTH STREET DEERFIELD BEACH FL 33441 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the pursose of changing its registatoric office or registared 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 office or registared agent, are bothly, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE 14. TILE 15. TILE 16. TILE 16. TILE 17. SETENTH STREET 18. STREET ADDRESS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. SETENTH STREET 12. NAME 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. GIVEN ST. 2P 15. TILE 16. TI		9. Name and Address of Curren	it Registered Ag	ent		,). Name	and Addres	s of New	Registered	Agent	
1671 SE TENTH STREET DEERRIELD BEACH FL 33441 183 184 City FL 85 Zip Code 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEERRIELD BEACH FL 33441 DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-2P TITLE DEERRIELD BEACH FL 33441 DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-2P TITLE NAME 3.3 STREET ADDRESS CITY-ST-2P DELETE 3.3 STREET ADDRESS CITY-ST-2P TITLE NAME 3.4 City FL 85 Zip Code 4 City FL 85 Zip Code 4 City FL 85 Zip Code Addition 1.5 ADDITIONS the purpose of changing its registered agent and submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent. Appointment as registered					8	1 Nam	е						
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SIGNATURE Signature, typed or printed name of registared agent and title of applicable. (NOTE: Registared Agent signature required when reinstation) DATE	office or re	egistered agent or both in the State.	of Florida, Such d	change was aul	thorized b	v the co	poration's b	board of d	lirectors. I he	ereby acce	pt the appoi	ntment as	registered
Signature, typed or printed name of registered agent and title if agelicables. (INOTE: Registered agent agent tare required when reinstation) Unit	agent. I år	m familiar with, and accept the obliga	tions of, Section t	507.0505, Fluis	ua Sialule	ъ.							
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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 suppliemental 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 of the receiver or trystee 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:

CITY-ST-ZIP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90025 004 ***150.00