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 # P95000071832

1. Corporation Name

NORMAN POLLOCK D.O., P.A.

	_		
Principal	Place	of	Business

Mailing Address

8320 WEST SUNRISE BLVD. #105 PLANTATION FL 33322

8320 WEST SUNRISE BLVD. #105 PLANTATION FL 33322

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

03-29-1999 90101 020 ***150.00



DO NOT WRITE IN THIS SPACE	

•	•				3. Date Incorporated or Qualifed 09/18/1995				
2 Principal D	lace of Rusiness	2a. Mailing Address			4. FEI Number	A	plied For		
				59-2611996		t Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.			-			_\$8.75 Additional Fee Required			
22 27 City & State City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count		This corporation owes the current year Intan				
24	25	29 30	_	•		∃Yes	□No		
24	9. Name and Address of Current	<u> </u>	<u>, </u>		10. Name and Address of New Registered Ag	gent			
	5. None dia ridares et conten		8	1 Name					
FILIN	IGS, INC.		Ļ	82 Street Address (P.O. Box Number is Not Acceptable)					
3732	N.W. 16TH STREET		8	2 Street A					
FOR	T LAUDERDALE FL 33311		8	3					
	•			<u> </u>		,			
			8	4 City	FL	85 Zip	Code		
44 5	1. 4	and 607 1609 Elorido Statutos	the abo	vo named s	orporation submits this statement for the purpose of ch	L L	registered		
office or n	egistered agent, or both, in the State of	' Florida. Such change was auth	iorizea d	y the corpor	ation's board of directors. I hereby accept the appoint	ment as re	gistered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	es.			}		
SIGNATURE		AIOTE, D	naintanna Ao	and signature end	juired when reinstating) DATE		Ì		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ent signature req	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12		
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition (
	POŁLOCK, NORMAN		1.2 NAMI						
NAME	ARROLLINGUE DIVENTAGE		•	ET ADORESS	· ·		ļ		
STREET ADORESS	PLANTATION FL 33322		1.4 CITY				ĺ		
CITY-ST-ZIP TITLE	TEANTATION TE 30022	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME			2.2 NAMI				_		
				ET ADDRESS					
STREET ADDRESS	i in the state of	مر با منسون ه	2.4 CITY	· 1	and the second s	 -			
CITY-ST-ZIP		□ DELETE	3.1 TITLE			☐ Change	Addition		
		□ •	3.2 NAMI		• • • •	_ •	_		
NAME				ET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		□ DELETE	3.4. CITY 4.1 TITLE			Change	Addition		
TITLE		51-	4. 2 NAM	1			_		
NAME				ET ADDRESS	•				
STREET ADDRESS	<u>'</u>		4.4 CITY	}					
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	5.1 TITLE	-		Change	Addition		
NAME			5.2 NAME	1	•	-	—,		
STREET ADDRESS				ET ADDRESS					
	·		5,4 CITY	1	•				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
			6.2 NAM		•	_ ,	_		
NAME			1	ET ADORESS		•			
STREET ADDRESS	1	/		ST_7ID					

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 supplied ental 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 receive or frustee 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.

SIGNATURE: