

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 # P95000086755

1. Corporation Name

QUALITY MEDICAL ASSOCIATION OF WEST BOCA, INC.

Principal Place of Business  
9980 CENTRAL PK BLVD N  
118  
BOCA RATON FL 33424  
US

Mailing Address  
5258 LINTON BLVD.  
206  
DELRAY BCH FL 33484  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0627906

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

BORKOWSKI, NANCY  
5258 LINTON BLVD.  
SUITE 206  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

Stuart Himmelstein

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

5258 Linton Blvd., Ste 206

83

84 City

Delray Beach

FL

85 Zip Code

33484

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 Stuart Himmelstein  
Signature, typed or printed name of registered agent and title if applicable

Stuart Himmelstein  
(NOTE: Registered Agent signature required when reinstating)

9/22/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
HIMMELSTEIN, STUART MD  
STREET ADDRESS 5258 LINTON BLVD #208  
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE ☒ DELETE

NAME SD  
BORKOWSKI, NANCY  
STREET ADDRESS 5258 LINTON BLVD #208  
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Secretary  
Mwland Christopher  
1000 Riverside Avenue, Suite 200  
Jacksonville, FL 32204

400003015324--7

-10/14/99-01104-011

\*\*\*400.00 \*\*\*400.00

400003015324--7

-10/14/99-01104-011

\*\*\*150.00 \*\*\*150.00

☐ Change ☐ Addition

KE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Stuart Himmelstein MD, President

7/28/99

561-495-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)