FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96

P96000002917 (8)

PATRICK BRILLANT, M.D., P.A.

	on blidestry mon in										
Principal Plac	e of Business	Ma	illing Address					il din lailit billi bbill bail	40 30 1	10110 (IB10 (D10)	
1150 N. 35TH AVENUE			1150 N. 35TH AVENUE								
SUITE 490			SUITE 490								
HOLLYWOOD FL			HOLLYWOOD FL				DO NOT WRITE IN THIS SPACE				
							3. Date Incorp 01/01/	oorated or Qualified 1996	İ		
	Place of Business	2a.	Mailing Address				4. FEI Numbe		_	A	pplied For
21		26					65-06	346556		N	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additional
22			07								tequired
City & State			City & State					mpaign Financing			May Be
Zip	Country	28	Zip.	Cou	nleu			Contribution	<u> Ц</u>		to Fees
24	25	29	240	ritry		This corporation owes or has paid the curre Personal Property Tax due June 30.				ntangible No	
24	9. Name and Address of Curre		ered Agent	30				Address of New R			
9	SACHER, CHARLES P	-			81 Name						
			ATP		peillant		· <u> </u>				
2655 LEJEUNE ROAD SUITE 1101					82 Street	Addres	N. 35	nber is Not Accepta	abiej		
CORAL GABLES FL 33134					83 4	xite	490	1100-			
					84 City	Hol	WYXXX	9	FL	85 <u>Zip</u>	Code 3021
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Stalu	tes, the al	ove-name	d corpor	ation submits th	is statement for the	purpose o	of changing	its registered
office of 1	esistered agent, or both, in the State am familiar with, and accept the oblig	of Florid	a Such change was Section 607 0505, FI	authorized	d by the cor	rporation	n's board of dire	ctors. I hereby acco	ept the app	oointment as	s registered
1 7			5661611 661.6665,11	Onou Dia	G(OG.			// 2	2/5B	}	
SIGNATURE	Signature, typed or printed nat to of registered ag	col and life it	fapplicable (NO	TE Registered	Agent signatur	ге гед,нгед	whon roinstaling)		DATE		
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/	CHANGES TO OFF	ICERS ANI		RS (N 12
TITLE	D		☐ DELETE	1.1 10		D				Change	Addition
NAME	BRILLIANT, PATRICK M.D.			1,2 NA	ME	Beil	bunt, pa-	teick Ave, ste	ш ал		
STREET ADDRESS	1150 N. 35TH AVENUE			1,3 \$T	REE1 ADDRESS	1130	h 397"	ANC STE			
CITY-ST-ZIP	HOLLYWOOD FL				Y-S1-7IP	HON	14moos 4	FL 330	کیا	- 1-1 2°	
TITLE			DELETE	21 111						L Change	☐ Addilion
NAME				2.2 NA							
STREET ADDRESS				2.3 ST	reet address						
CITY-ST-ZIP			Documen		TY - ST - ZIP					Change	Addition
TITLE			DELETE	3.1 10						L Change	☐ Addition
NAME				3.2 NA							
STREET ADDRESS					REE1 ADDRESS						
CITY-ST-ZIP			DELETE	3.4. CI	TY-ST-ZIP	┼			-	Change	Addition
TITLE			L Detter							☐ Citanife	L Addition
NAME				4. 2 N							
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP TITLE	<u> </u>		DELETE	4,4 CI 5,1 TIT	Y-ST-ZIP	 				Change	Addition
NAME			had Decemb	5.2 NA			•				
STREET ADORESS					REET AUDRESS						
CITY-ST-ZIP TITLE			DELETE	6.1 TiT	Y-ST-ZIP LE	+				Change	Addition
NAME			ــــــــــــــــــــــــــــــــــــــ	6.2 NA						Part City St	
STREET ADDRESS					RÉET ADDRESS						
SINCEL ADDRESS				0.3 \$1	ICE I MOUNT 95						

14. Thereby 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 attachingent with an address.

CIGNATURE.

123/98

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FILED

Feb 02 1998 8:00am

Secretary of State