

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90040 027 ***150.00

DOCUMENT # P96000010428

1. Corporation Name
BENNETT FAMILY PRACTICE, P.A.

Principal Place of Business
7676D PETERS ROAD
PLANTATION FL 33324

Mailing Address
7676D PETERS ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0642066

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 Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 201 NW 82 Avenue
Suite, Apt. #, etc.

22 Suite # 306
City & State

23 Plantation, FL
Zip

24 33324 Country

2a. Mailing Address

26 201 NW 82 Avenue
Suite, Apt. #, etc.

27 Suite # 306
City & State

28 Plantation, FL
Zip

29 33324 Country

9. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL
627 71ST ST
MIAMI BEACH FL 33141

81 Name

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

83

84 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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME REITER, BEN Z
STREET ADDRESS 9600 WEATHERVANE MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ DELETE
NAME MURRY, PAUL
STREET ADDRESS 7676-D PETERS RD
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ DELETE
NAME MAJOR, MALCOM
STREET ADDRESS 7676-D PETERS RD
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ DELETE
NAME MARIKA, CINDY
STREET ADDRESS 7676-D PETERS RD
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☒ DELETE
NAME BOTOMAN, DANIELA
STREET ADDRESS 7676-D PETERS RD
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ DELETE
NAME CUOCO, PENELOPE
STREET ADDRESS 7676-D PETERS RD
CITY-ST-ZIP PLANTATION FL 33324

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 SD ☒ Change ☐ Addition
2.2 NAME Murry, Paul
2.3 STREET ADDRESS 201 NW 82 Avenue # 306
2.4 CITY-ST-ZIP Plantation, FL 33324

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Major, Malcolm
3.3 STREET ADDRESS 201 NW 82 Avenue # 306
3.4 CITY-ST-ZIP Plantation, FL 33324

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Marika, Cindy
4.3 STREET ADDRESS 201 NW 82 Ave # 306
4.4 CITY-ST-ZIP Plantation, FL 33324

5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME Verblow, Clive
5.3 STREET ADDRESS 201 NW 82 Avenue # 306
5.4 CITY-ST-ZIP Plantation, FL 33324

6.1 TITLE SD ☒ Change ☐ Addition
6.2 NAME Cuoco, Penelope
6.3 STREET ADDRESS 201 NW 82 Avenue # 306
6.4 CITY-ST-ZIP Plantation, FL 33324

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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

0305987

CR2E034 (11/98)