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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90215 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012158

1. Corporation Name  
PHYSICAL ASSESSMENTS, INC.

Principal Place of Business

5975 W. SUNRISE BLVD.  
#115  
SUNRISE FL 33313  
US

Mailing Address

5975 W. SUNRISE BLVD.  
#115  
SUNRISE FL 33313  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0571257

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

2. Principal Place of Business

21 10295 N.W. 46th St

Suite, Apt. #, etc.

22 #A

City & State

23 SUNRISE, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 P.O. Box 450578

Suite, Apt. #, etc.

27

City & State

28 SUNRISE, FL

Zip

29 33345

Country

30 USA

9. Name and Address of Current Registered Agent

WELIKOFF, RONALD  
5975 W. SUNRISE BLVD.  
#115  
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

WELIKOFF, RONALD

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

10295 N.W. 46th St

83 #A

84 City

SUNRISE

FL

85 Zip Code  
33351

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 WELIKOFF, RONALD

STREET ADDRESS 5975 W. SUNRISE BLVD., #115

CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME BOSCHOWITZ, DAVID

STREET ADDRESS 5975 W. SUNRISE BLVD., #115

CITY-ST-ZIP SUNRISE FL

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

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME WELIKOFF, RONALD

1.3 STREET ADDRESS P.O. Box 450578

1.4 CITY-ST-ZIP SUNRISE, FL 33345

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME BOSCHOWITZ, DAVID

2.3 STREET ADDRESS P.O. Box 450578

2.4 CITY-ST-ZIP SUNRISE, FL 33345

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

954-578-0707

Daytime Phone #

CR2E034 (11/98)