PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

DOCUMENT # P96000026219

MANOR MEDICAL CENTER, INC.

Principal Place of Business 1040 N W 10TH AVENUE FT LAUDERDALE FL 33311 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1040 N W 10TH AVENUE FT LAUDERDALE FL 33311

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90009 002 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

03/25/1996

4. FEI Number

21			26					65-068	37160			No	t Applicable)	
	Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.								\$8.75	Additional	٦	
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23			28						nd Contri		• 🗆	Added t	•		
	Zip	Country	Zip	Zip Coun			8. This corporation owes the current year Intangible							٦	
24 25 29 30				0	וֹן		Personal Property Tax. ☐ Yes ☐ No						1		
		9. Name and Address of Curr	ent Registered	Agent			10.	Name a	nd Addre	ess of Nev	w Registere	d Agent		7	
		* # T G G			81	Name								٦	
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1040 N W 10TH AVENUE					82	Street	Street Address (P.O. Box Number is Not Acceptable)								
FORT LAUDERDALE FL 33311					83										
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. 11.	office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida. Su	ch change was auti	horized by	the corpo	oration's be	n submits bard of dii	ectors. H	ment for t hereby ac	ne purpose o cept the app	oi changing its ointment as rei	jistered jistered		
	agent. I ar	m familiar with, and accept the oblig	ations of, Secti	on 607.0505, Florid	la Statutes	. '				• • •			-		
SIG	NATURE	- Parties													
40		Signature, typed or printed name of registered ag				nt signature n	required when r			050.50	DATE			\dashv	
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CITY-	ST-ZIP				6.4 CITY-ST	r-ZIP								1	
14.	I hereby co	ertify that the information supplied v	vith this filing do	es not qualify for th	ne exempti)(i), Floric	la Statute:	s. I further co	ertify that the in	formation		
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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: