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 27, 1999 8:00 am Secretary of State

04-27-1999 90064 003 ***150.00

DOCUMENT #	P96000028209
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1. Corporation Name

CENTRAL BOCA MEDICAL CENTER, INC.

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Principal Place	of Business		Mailing Address				1 18011001 1	IN EDITOR DITTE BOTE	1 08 111 08 141 08 14	8 37881 10118 11611 0	INHIO IONI IBOI
2499 GLADES F			2499 GLADES-ROAD			}					
#109-			#109							0.004.05	
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						I .	3/27/1996	ated or Qualif ዩ	eu		
2 Principal Pl	ace of Business		2a. Mailing Address	- 			El Nu nber	<u>,</u>		Apr	pied For
21 450 N		URT_	26 957)NW	9TH C	NIR		5-065789	1			t Applicable
Suite, Art.		<u>~~1</u>	Suite, Apt. #, etc.	<u> </u>	our	1				\$8.75 A	
22	•		27			5. 0	ertiticate of S	Status Desired	: []	Fee Re	quired
City & State			City & State			6. E	lection Camp	paign Financi	ng \square	\$5.00	May Be
23			28			Т	rust Fund Co	ontribution		Added to	o Fees
Zip 3.3	Coun	гу	Zip . 1 C /	Country			•	on owes the o	current year f		
24 / /	780 25		29 25486	30			erson al Prop		Damietane		[]No
	9. Name and Add	ess of Current	Registered Agent	81	Name	10. N	lame Ind A	ddress of Ne	w Registere	1 Agent	
7F(1	ER, LORI H DR										
-2499 GLADES ROAD			82	Street A	Address (P.C	Box Numb	er is Not Acce	eptable)		Ì	
-#100				83	72	cyu	7-11	1 600	<u> </u>		
BOC	A RATON FL 33431										
				84	City				F	85 Zip C	2/8/
11 Pursuant	to the provisions of Se	ctions 607 0502	and 607.1508, Florida Statu	nes, the above	e-named o	co poration s	ubmit a this s	statement for	the purpose	of changing its	registered
l office o∵re	egistered agent, or bota	n in the State o	Florida. Such change was ns of, Section 607.0505, Fl	authorized by	the corpo	oration's boar	rd of director	s. I hereby ac	cept the app	ointment as rec	gistered
	m iamiliai wilii, aiku ac.	zept the obligation	ilis 04, Geciloit 007.0303, 11	Crida Otalules	•						
SIGNATURE	Signature, typed or printed nar	e of registered agent	nd title if applicable (NOT	I. Registered Agen	t signature re	ner nerw ber upe	stating)		DATE		
12.		OFFICERS AND	DIRECTORS	13.		AE	DITIC NS/CI	HANGES TO	OFFICERS /	ND DIRECTO	
TITLE	PTVP		☐ DELETE	1.1 TITLE						[2] Change	Addition
NAME	ZELLER, LORI H			1.2 NAME		917	NW	95H ON, F	Cour	,	
STREET ADDRESS	22613 MERIDIANA	DR		1.3 STREET	ADDRESS	150	//	-	5, 22	. 1 1	
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY- S	r-zip	10001	KAT	010, 1	L 73	7.	- Addison
TITLE			☐ DELETE	2.1 TITLE						Change	☐ Addition
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TITLE			☐ DELETE		4.1 TITLE					□ cuange	☐ Addition
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STREET ADDRES S				5.3 STREET							
CITY-ST-ZIP			☐ DELETE	5.4 CITY-S' 6.1 TITLE	1-214					Change	Addition
TITLE			☐ DEFE !E								☐ ¥00tti∆li
NAME				6.2 NAME							

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 acct rate 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 1.2 or Block 13 if other given the corporation of the receiver of the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if other given the corporation of the receiver
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP