PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90128 003 ***150.00

DOCUMENT # P9600058026

1. Corporation Name

SCOTT REISMAN, PH.D., P.A.

Principal Place of Business Mailing Address)		014 VIII 1881
2500 E. HALLANDALE BCH. BLVD. 2500 E. HALLANDALE BCH. BI									
SUITE 707H SUITE 707H									
HALLANDALE FL 33009 HALLANDALE FL 33009					•	DO NOT WRITE IN THIS SPACE			
ì						3. Date Incorporated or Qualifed 07/10/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	L	Appl	lied For
21 26						65-0680809			Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required			
22 27									
City & State						6. Election Campaign Financing		.00-м	
23	Country	28	Cour	ntm.		Trust Fund Contribution		lded to	- ees
Zip	Country	Zip	_	iti y		This corporation owes the current year Inta Personal Property Tax.	angiple Yes		⊒No
24	9. Name and Address of Current	29 30	ונ			10. Name and Address of New Registered		,	
	9. Name and Address of Current	Vadiateian wheiit		81	Name	10. Harrie and Acarees of New Assistant	·go		
REISMAN, SCOTT PH.D 2500 E. HALLANDALE BCH. BLVD.				82		ss (P.O. Box Number is Not Acceptable)			
SUITE 707H				-					
HALLANDALE FL 33009				83		•			
				84	City	FL	85	Zip Co	
l office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	r Florida. Such change was autri	onzea.	DV II	named corpor he corporation	ration submits this statement for the purpose of a board of directors. I hereby accept the appoint	changii itment	ng its re as regis	egistered stered
SIGNATURE	//	_ Scoti Re			PhD.	7/2// //			
0.0.0.0.0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent	signature required v				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN			Addition
TITLE	P CONTRACTOR	☐ DELETE	1.1 TII				☐ Ch	ange	[] Addition
OSOO F HALLANDALE DOLL DIVID OTE TOTAL				1.2 NAME					}
,				1.3 STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CIT		ZIP		∏ Cha		Addition
TITLE		☐ DELETE	2.1 TIT			•		rige	L' Addition
NAME			2.2 NAJ						
STREET ADDRESS	•	•			ADDRESS				į
CITY-ST-ZIP			2. 4 CI	_	-ZIP				Addition
TITLE		DELETE	3.1 TIT		-	-	Ū Cha	រមៀត	□ ਔασιαριι
NAME			3.2 NA						į
STREET ADDRESS			3.3 STI	REETA	ADDRESS				1
CTTY-ST-ZIP	*		3.4. CI		-ZIP			2000	Addition
, TITLE		☐ DELETE	4.1 TIT				☐ Ch	ange	☐ Addition
NAME	,		4. 2 NA						
STREET ADDRESS					ADDRESS				ſ
CITY-ST-ZIP			4.4 CIT		ZIP		- C-1		- Addition
TITLE		☐ DELETE	5.1 TIT				□ Ch	ange	Addition
NAME	ļ		5.2 NA			.5			İ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		ZIP		———		
TITLE		☐ DELETE	6.1 TIT	LE	1		☐ Ch	ange	☐ Addition

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 arri 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 address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

954763013/