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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080022

SOUTH ELORIDA PHYSICIAN PRACTICE NO. 4, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90009 013 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		_			E INN LINNT TEN TREES DESIT ONLY AT	IIAI <b>Bū</b> aio <b>va</b> tūt i	BIN 88111 88118	
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						Ī	3. Date Incorporated or Qualifed			
							09/26/1996			
2. Principal Pl	lace of Business	2a. Mailing Addres	S	_			4. FEI Number		Ap	plied For
21		26				ļ	52-2061380		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired		Fee Re	equired
City & State	e	City & State					6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip		ountry			8. This corporation owes the cur	rent year Int	_	
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		-			10. Name and Address of New	Registered .	Agent	
07.0	CORDODATION OVOTEN			81	Name					
	CORPORATION SYSTEM  SOUTH PINE ISLAND ROAD			82	Street	Address	s (P.O. Box Number is Not Accept	able)	<del></del>	
	NTATION FL 33324			83	-					
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				84	City			FL	85 Zip (	Code
office or re agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change	was authorize	ed by	the corp	corpora oration'	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered gisterød
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable.	(NOTE: Register	red Ager	nt signature	required wi	nen reinstating)	DATE		
SIGNATURE		nt and title if applicable.  D DIRECTORS	(NOTE: Register		nt signature	required wi	nen reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS JN 12
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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: