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PROFIT CORPORATION ANNUÂL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083936

FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90033 040 ***150.00

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ALBER	T T. LAMBERT M.D., P.A.			İ	
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Principal Pla	ace of Business	Mailing Address		a reminent tim thire mittle motil abilit solit solit s	nios tesan siteá tesan citéa Atsi 1881
3407 BEACON STREET 3407 BEACON STREET					
POMPANO BI	EACH FL 33062	POMPANO BEACH FL 330	62	,	
	•			DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualifed	· · ·
2. Principal	Place of Business	2a. Mailing Address		10/10/1996 4. FEI Number	· · · · · · · · · · · · · · · · · · ·
21	• • •	26		65-0706432	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes 🛂 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	ed Agent
LAN	MBERT, ALBERT, T	a with a state	81 Name	•	•
	7 BEACON STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable) .	······································
POI	MPANO BEACH FL 33062		83		THE RESERVE OF PROPERTY OF THE
			[63]	· · · · · · · · · · · · · · · · · · ·	日本学院 斯斯斯
			84 City		85 Zip Code
11. Pursuan	t to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above comed core	F	<u>L</u>
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agont. I	ann raminar with, and accept the obliga	itions of, Section 607,0505. Floa	nda Statutes		
CICNIATURE	_	,		*	
SIGNATURE			•		
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature required	d when reinstating) , DATE	· .
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature required		· .
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN D LAMBERT, ALBERT T	nt and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating) , DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN D LAMBERT, ALBERT T 3407 BEACON STREET	nt and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE	d when reinstating) , DATE	AND DIRECTORS IN 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 of trissee 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 AN

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Den 99

954-946-4785

CR2E034 /11/09