

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90305 042 \*\*\*150.00

DOCUMENT # P96000102706

1. Corporation Name  
OOO CORPORATION

Principal Place of Business

200 E LAS OLAS BLVD.  
2100  
FT. LAUDERDALE-FL 33301  
US

Mailing Address

200 E LAS OLAS BLVD.  
2100  
FT. LAUDERDALE-FL 33301  
US

2. Principal Place of Business

21 1221 Brickell Ave.

22 Suite, Apt. #, etc.  
Suite 917

23 City & State  
Miami FL

24 Zip  
33131

2a. Mailing Address

26 1221 Brickell Ave.

27 Suite, Apt. #, etc.  
Suite 917

28 City & State  
Miami FL

29 Zip  
33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

65-0723257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPEO  
NAME SCHWADE, JAMES G. M.D.  
STREET ADDRESS TWO DARAN CENTER STE 1528  
CITY-ST-ZIP MIAMI FL 33156-7851

TITLE S  
NAME BLOOM, TERRY S. M.D.  
STREET ADDRESS 303 N. CLYDE MORRIS BLVD., P.O. BOX 1089  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ~~D~~  
NAME ~~ROSS, WARREN MD~~  
STREET ADDRESS ~~UF SHANDS CANCER CENTER, P.O. BOX 100385~~  
CITY-ST-ZIP ~~GAINESVILLE FL~~

TITLE D  
NAME SMITH, PHILLIP C. M.D.  
STREET ADDRESS 800 MEADOWS RD  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D  
NAME GREEN, BRUCE D. M.D.  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D  
NAME KOZNITSKY, MICHAEL ESQ  
STREET ADDRESS 100 SE 2ND ST, STE 2800  
CITY-ST-ZIP MIAMI FL 33131-2144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99  
Date

305-347-5149  
Daytime Phone #

CR2E034 (1/98)