-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

DOCUMENT # **P96000102862**1. Corporation Name

PHILIP MEDVIN, PROFESSIONAL ASSOCIATION

,											
		Mailing Ad	Nailing Address				1 10011001 110	TAISE AILDI MADIS AI	#111 # \$1 # 1 #11	40114 (1944 14)	/8 Elit 9 1191 1391
2801 PONCE DE LEON BLVD. SUITE 370 CORAL GABLES FL 33134			2801 PONCE DE LEON BLVD. SUITE 370 CORAL GABLES FL 33134					DO NOT WRI	ITE IN THIS	SPACE	
						-	3. Date Incorporate				
							01/01/1997	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2 Principal F	Place of Business	2a. Mailing	Address				4. FEI Number		_		oplied For
· ·	race of business	<u> </u>	y / ladi 635					_		- -	
Suite, Apt.	W ata	26 Suite A	Apt. #, etc.				59-0592191				lot Applicable
	. #, etc.	 	ηрι. #, ειс.				5. Certifcate of Sta	tus Desired			Additional Required
City & Stat		27 City & 3	Ctota				· · · · · · · · · · · · · · · · · · ·				
_ `	ite	⊢ ´	State				6. Election Campa				May Be
23	Country	28		Count		~	Trust Fund Cont				to Fees
Zip	Country	Zîp		Country	′		8. This corporation		rent year Int		
24	25]	29		30			Personal Proper			☐ Yes	□No
	9. Name and Address of Curre	nt Registered Ag	gent	81	Name		10. Name and Add	ress of New I	Registered	Agent	
MED	OVIN, PHILLIP			*'	Name	e					
	1 PONCE DE LEON BLVD, SUIT	E 070		82	Stree	t Address	(P.O. Box Number	is Not Accept	able)		
		E 3/U .					·				
, CUR	RAL GABLES FL 33134			83							1
				84	City			<u>* </u>	3 1	85 Zip	Code
				0-	City				FL	. 63 219	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508,	Florida Statut	tee the above		d corporat	tion submits this sta	tement for the	purpose of	changing it	s registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section	change was a 607.0505, Flo	authorized by orida Statutes	the con	poration's		I hereby acce	pt the appoi	ntment as r	egistered
office ör r agent. I a SIGNATURE	am familiar With, and accept the oblig	ations of, Section	change was a 607.0505, Flo	authorized by orida Statutes E: Registered Ager	the con	poration's	en reinstating)		DATE		
office or r agent. I a SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered ag-	ations of, Section	change was a 607.0505, Flo	authorized by orida Statutes E: Registered Ager 13.	the con	poration's			DATE	ND DIRECT	ORS IN 12
office ör r agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section	change was a 607.0505, Flo	authorized by orida Statutes E: Registered Ager	the con	poration's	en reinstating)		DATE		ORS IN 12
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	authorized by orida Statutes E: Registered Ager 13.	the con	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	euthorized by brida Statutes E: Registered Ager 13. 1.1 TITLE	the corps.	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	euthorized by brida Statutes E: Registered Ager 13. 1.1 TITLE 1.2 NAME	the corps. It signature	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME	the corps. It signature	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	the corps. It signature	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corps. It signature T ADDRESS	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	the complete the c	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	the complete the c	poration's	en reinstating)		DATE	ND DIRECT	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	the complete the c	poration's	en reinstating)		DATE	ID DIRECT	ORS IN 12 Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	the complete the c	poration's a required who	en reinstating)		DATE	ID DIRECT	ORS IN 12 Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	the comision signature T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	ID DIRECT	ORS IN 12 Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	Change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S	the comision signature T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD,	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	the comision signature T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	ID DIRECT	ORS IN 12 Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	Change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME	the const. T ADDRESS T-ZIP T ADDRESS ST-ZIP F ADDRESS ST-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	Change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 STREE 4.5 TITLE 4.5 TITLE 4.5 TITLE 4.6 TITLE 4.7 TITLE	the comits. It address: T Address:	poration's a required who	en reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	the comits. It address: T Address:	poration's a required who	en reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	Change was a 607.0505, Flo	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.1 TITLE 4.2 NAME 5.1 TITLE	the comits. It address: T Address:	poration's a required who	en reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME	the corns. It signature IT ADDRESS IT-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	pations of, Section ent and title if applicable. ND DIRECTORS	DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.1 TITLE 4.2 NAME 5.1 TITLE	the corns. It signature IT ADDRESS IT-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	ent and title if applicable. ND DIRECTORS , SUITE 370	Change was a 607.0505, Fid. (NOTE) DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	ent and title if applicable. ND DIRECTORS , SUITE 370	DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PSTD MEDVIN, PHILIP 2801 PONCE DE LEON BLVD, CORAL GABLES FL 33134	ent and title if applicable. ND DIRECTORS , SUITE 370	Change was a 607.0505, Fid. (NOTE) DELETE DELETE DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	poration's a required who	en reinstating)		DATE	ND DIRECT Change Change Change	ORS IN 12 Addition Addition 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 binual 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 received or true be 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 or an article that it is a supplemental by the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or true because the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if

6.4 City-St-ZiP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90041 014 ***150.00

CR2E034 (11/98)