Suite, Apt. #, etc.     Suite, Apt. #, etc.     S. Cartificate of Status Desired     S. Cartificate of Status Desired     For Required       City & State     City & State     City & State     State     State     Added to Fees       Zip     Zip     Country     Zip     Country     Added to Fees       Zip     Zip     Country     Zip     Country     Added to Fees       Zip     Zip     Sol     Personal Property Tax.     Added to Fees       Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     Mare       KRUMHOLTZ, SEBA MD     State Address (P.O. Box Number is Not Acceptable)     State Address (P.O. Box Number is Not Acceptable)       BCCA RATON FL 33434     State Address (P.O. Box Number is Not Acceptable)     State Fee Address (P.O. Box Number is Not Acceptable)       StotAnt Tor FL 33434     State Address (P.O. Box Number is Not Acceptable)     State Fee Address (P.O. Box Number is Not Acceptable)       StotAnt Tor FL 33434     State Fee Address (P.O. Box Number is Not Acceptable)     State Fee Address (P.O. Box Number is Not Acceptable)       StotAnt Tor FL 33434     StotAnt State Fee Address (P.O. Box Number is Not Acceptable)     State Fee Address (P.O. Box Number is Not Acceptable)       StotAnt Tor Fee Address (P.O. Box Number is Not Acceptable)     StotAnt Tor Fee Address (P.O. Box Number is Not Acceptable)       StotAnt Tor Fee Address (P.O. Box Number is Not Acceptable)	FILE NOW: FILING FEE AFTE PROFIT CORPORATION ANNUAL REPORT 1999		EE AFTER	ER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Jan 23, 1 Secreta 01-23-1999 9	FILED Jan 23, 1999 8:00 am Secretary of State 01-23-1999 90012 030 ***150.00 01-23-1999 90012 031 *****8.75	
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105 CLIN MOORE ROAD       105. CLIN MOORE ROAD         BOCA RITOR FL 3345       105. CLIN MOORE ROAD         2. Dete Incorporated or Clusteres       3. Date Incorporated or Clusteres         2. Principal Place of Ditaments       24. Halling Address         2. Principal Place of Ditaments       28. Mailing Address         3. Date Incorporated or Clusteres       28. Mailing Address         2. Principal Place of Ditaments       28. Address of Status Desired       35. OX Mailing Address of Current Registered Agent         2/2       Control Zib       Control Xib       30. Ox Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Name       10. Name and Address of Current Registered Agent       41. Oxy       10. Name and Address of Current Registered Agent       41. Oxy       10. Oxy       10. Oxy       10. Ox	Principal Plac	e of Business	Mail	ing Address	······			
Principal Place of Business	1905 CLIN MO	ORE ROAD	1905	CLIN MOORE ROAD				
2. Principal Place of Business       2a. Mailing Address       4. Feb Number       Applicab         21       Suite, Apl. #, etc.       2a       Suite, Apl. #, etc.       5. Confictant of Status Denind       38.75 Address         21       Carly & State       27       Control       State, Apl. #, etc.       State, Apl. #, etc. <td< td=""><td>DUUS NATUN</td><td>12 33430</td><td>6007</td><td></td><td></td><td></td><td>TE IN THIS SPACE</td><td></td></td<>	DUUS NATUN	12 33430	6007				TE IN THIS SPACE	
21       28       65-0729761       tot Apploable         Suite, Apt. #, etc.       27       Suite, Apt. #, etc.       27       Suite, Apt. #, etc.       27         City & State       20       Chy & State       28       State, Chy & State       29       Country       20       Country       20       Country       10       Name and Address of New Registered Agent       10       Name, and Address of New Registered Agent       10       10       Name, and Address of New Registered Agent       10       10       Name, and Address of New Registered Agent       10	_					· · · · ·		
Suite, Apil, F, etc.         Suite, Apil, F, etc.         Suite, Apil, F, etc.         S. Cartificate of Status Destrot         \$3.75 Additional Fee Reductor           City A State         City A State         City A State         City A State         S. Cartificate of Status Destrot         \$5.00 May Be Added to Fees           21         Zip         Country         Zip         Country         State Country         State Country and Intercountion         Added to Fees           22         23         29         Sol         Personal Frozonal Tomous the current yean Intergible Personal Frozonal Tomous the current yean Intergible         Name         Added to Fees           24         23         29         Sol         Personal Frozonal Tomous the current yean Intergible         Name           252         28         N. 48TH ST.         Street Additions (P.O. Box Number is Not Acceptable)         Name           263         Sol City         FL         Street Additions (P.O. Box Number is Not Acceptable)         Name           27         Country         28         Street Additions (P.O. Box Number is Not Acceptable)         Name           28         City         FL         Street Additions (P.O. Box Number is Not Acceptable)         Name           28         City         FL         Street Additions (P.O. Box Number is Not Acceptable)         Name	`	Place of Business		Mailing Address		· ·		
ZI       City & State       Zi       City & State       St.00       May Be         Zip       Country       Zip       Country       St.00       May Be         Zip       Country       Zip       Country       St.00       May Be         Zip       Country       Zip       Country       St.00       May Be         Zip       Country       St.00       Name and Address of Current Registared Agent       Intercorporation set baccurrent per Intergistared Agent         XRUMHOLTZ, SEBA MD       Street Address (P.O. Biox Number is Not Acceptable)       Street Address (P.O. Biox Number is Not Acceptable)         BOCA RATON FL 33434       Street Address (P.O. Biox Number is Not Acceptable)       Street Address (P.O. Biox Number is Not Acceptable)         Street Address (P.O. Biox Number is Not Acceptable)       Street Address (P.O. Biox Number is Not Acceptable)       Street Address (P.O. Biox Number is Not Acceptable)         Street Address (Street Of Street Of		#, etc.		Suite, Apt. #, etc.			¢0.75	
Zip         Zip         Country         Zip         Country         This E-provisions over the current type in transplice           9.         Added to Peess         3al         9.         This E-provisions over the current type in transplice         Note to Peess           9.         Name and Address of Current Registered Agent         18.         This E-provisions over the current type in transplice         Note to Peess           8.         Name and Address of Current Registered Agent         18.         Name and Address of New Registered Agent         18.           Image: Street Address of New Agent Statutes         Borest Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           19.         Pursuant to the provisions of Sections 807.0502 and 607.15006, Florida Statutes, the above named corporation submits bits istancem for the pursues of changing its registered agent, or both, in the State of Florida. Such thange was authoritized by the corporations board of directors, thereby accept the approximate as registered agent, and adapt the cultapation of Section Statutes.         State to Provisions P				Dity P. Chata			Fee Re	<u> </u>
Zip         Country         Zip         Country         Personal Poperty Tax         Image and Address of Eurent Registered Agent         Image and Address of Eurent Registered Agent         Image and Address of Eurent Registered Agent         Image and Address of New Registered Agent           Stream         Stream Address (P.O. Box Number is Not Acceptable)         Image and Address of New Registered Agent         Image and Address (P.O. Box Number is Not Acceptable)         Image and Address of New Registered Agent           11. Pursuant to the provisions of Section S0.0500 and 607.1508, Florid Statules, the above named corporation south the pursues are registered agent and the approximate the objations of Section S0.0500, Florid Statules, the above named corporation south the pursues are registered agent and the approximate segistered agent and the fragmatic the pursoximate segistered agent and t	_ ′	le	┝╍┓	Jily & State				
Set and Address of New Registered Agent     Interval and Address (P.O. Box Number is Not Acceptable)     Steel Address (P.O. Box Number is Not Acceptable)     Interval and Address of New Registered Agent     Interval and Address (P.O. Box Number is Not Acceptable)     Interval and Address of New Registered Agent     Interval and Address (P.O. Box Number is Not Acceptable)     Interval and Address (P.O. Box Number is Not Acceptable)     Interval and Interval and Interval and Interval and Interval Address     Interval and Interval Address     Interval and Interval Address     Interval and Interval Address     Interval	Zip		(	•		-	· <u> </u>	
KRUMHOLTZ, SEBA MD 2858 N.W. 48TH ST. BOCA RATON FL 33434       81       Name         81       Name         82       Street Address (P.O. Box Number is Not Acceptable)         83       64       City       FL       85         84       City       FL       81       21/2 Code         83       64       City       FL       81       21/2 Code         84       City       FL       85       21/2 Code       85       81/2 Code       81 <td>24</td> <td></td> <td></td> <td></td> <td>30</td> <td></td> <td></td> <td></td>	24				30			
2658 N.W. 48TH ST. BOCA RATON FL 33434       BZ       Street Address (P.O. Box Number's Not Acceptable)         81       BC       City       FL       Is direct or positive segment or both in the State of Florids. Statu change was authorized by the optimized or portation submits this statement for the purposed or changing its registered agent. Tam full and accept the obligations of Section 607.05005, Florida Statutes.         SIGNATURE       Signature. Type of the State of Florids. State of a florida. Statutes.       NOTE Represent domination submits this statement for the purposed or changing its registered agent. Tam full and accept the obligations of Section 607.0505, Florida Statutes.         12       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         11       Time       Spoular. Agent agent or posted agent of agent and agent of agent agent and agent of agent agent and agent of agent agent or posted agent agen			¥		81 Name		,,,	
BOCA RATON FL 33434  S  City  FL  S  City  FL  S  Z  D  Code  S  City  FL  S  Z  D  Code  S  S  S  City  FL  S  Z  D  Code  S  S  S  S  S  S  S  S  S  S  S  S  S	· · ·				82 Street Ad	dress (P.O. Box Number is Not Accept	able)	
Projection of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes.         SIGNATURE       Signature, typed or privide target of bolds, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Florida Statutes.         SIGNATURE       Description of the purpose of the obligations of, Section 607.0502, Florida Statutes.         Signature, typed or privide target of indicating approximations of, Section 607.0502, Florida Statutes.       Data         Description 100 model of the indicating of the indicating of the purpose of the obligations of, Section 807.0502, Florida Statutes.       Data         Signature, typed or privide target of indicating approximation of indicating approximation of indicating of the purpose of the obligations of, Section 807.0502, Florida Statutes.       Data         Difference       Difference       Difference       Difference       Data         Operation 100 model of purpose of purpose of purpose of the obligations of, Section 807.0502, Florida Statutes.       Difference       Difference       Data         Operation 100 model of purpose of					83		1. 1. 每个时间不知道	<u>。</u> 1936年1月1日日
Projection of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0502, Florida Statutes.         SIGNATURE       Signature, typed or privide target of bolds, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Florida Statutes.         SIGNATURE       Description of the purpose of the obligations of, Section 607.0502, Florida Statutes.         Signature, typed or privide target of indicating approximations of, Section 607.0502, Florida Statutes.       Data         Description 100 model of the indicating of the indicating of the purpose of the obligations of, Section 807.0502, Florida Statutes.       Data         Signature, typed or privide target of indicating approximation of indicating approximation of indicating of the purpose of the obligations of, Section 807.0502, Florida Statutes.       Data         Difference       Difference       Difference       Difference       Data         Operation 100 model of purpose of purpose of purpose of the obligations of, Section 807.0502, Florida Statutes.       Difference       Difference       Data         Operation 100 model of purpose of					84 City		85 7in (	ing in the
<sup>1</sup> 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. Tam allare with, and accept the obligations of, Section 607.0505, Florida Statutas.          SIGNATURE <sup>1</sup> OFF Florida. Statutas.          Signature. type or preved area of vigotilezations of, Section 607.0505, Florida Statutas.           ONFE         12.          OFFICERS AND DIRECTORS           13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          TITLE          PD           OFFICERS AND DIRECTORS           13.          VAME          SONNERBORN, ROBERT MD           Lawate           Lawate          VICT: 51:2P           BOCA RATON FL 33434           Latory strate           Change           Additio          VMe       KRUMHOLTZ, SEBA           23 STRET ADDRESS           Chonge           Additio          VMe          BOCA RATON FL 33434           DELETE           Lawate           Lawate           Change           Additio          VMe          BOCA RATON FL 33434           DELETE           Lawate           Lawate          ST						· · · · · · · · · · · · · · · · · · ·	<u> </u>	,
TITLE       PD       DELETE       11 TITLE       Change       Addition         XMME       SONNERBORN, ROBERT MD       13 STREET ADDRESS       13 STREET ADDRESS       Change       Addition         STREET ADDRESS       4855 OXFORD WAY       13 STREET ADDRESS       Change       Addition         STREET ADDRESS       VD       DELETE       21 TITLE       Change       Addition         STREET ADDRESS       2658 N.W. 48TH ST.       23 STREET ADDRESS       Change       Addition         STREET ADDRESS       BOCA RATION FL 33434       24 ctrtv-sfr.2P       Change       Addition         TITLE       TITLE       DELETE       31 TITLE       Change       Addition         STREET ADDRESS       SOCA RATION FL 33424       24 ctrtv-sfr.2P       Change       Addition         TITLE       TITLE       SO       Change       Addition       31 STREET ADDRESS       14 ff 1 http://doi.pd/14/14/14/14/14/14/14/14/14/14/14/14/14/	agent. I a SIGNATURE	m familiar with, and accept the Signature, typed or printed name of regist	ered agent and title if a	pplicable. (NOTE:	ida Statutes. Registered Agent signature requi	ined when reinstating)	DATE	
NAME     SONNERBORN, ROBERT MD     12 NME       STREET ADDRESS     4855 OXFORD WAY     13 STREET ADDRESS       BOCA RATON FL 33434     14 CITV-ST-2P       NAME     KRUMHOLTZ, SEBA     21 TITLE       NAME     KRUMHOLTZ, SEBA     21 NAME       STREET ADDRESS     2658 N.W. 48TH ST.     23 STREET ADDRESS       2658 N.W. 48TH ST.     23 STREET ADDRESS       2658 N.W. 48TH ST.     23 STREET ADDRESS       21776     BOCA RATON FL 33434     2 4 CITV-ST-2P       CHONG, JAMES MD     32 NME       STREET ADDRESS     21776 WESTMONTE COURT       33 STREET ADDRESS     14 CITV-ST-2P       CITV-ST-2P     34 CITV-ST-2P       WAME     LEVINE, LESLIE MD       STREET ADDRESS     10411 STONEBRIDGE BLVD.       GTV-ST-2P     DELETE       STREET ADDRESS     34 CITV-ST-2P       STREET ADDRESS     35 STREET ADDRESS       GTV-ST-2P     Change       MAME     DELETE       STREET ADDRESS     35 STREET ADDRESS       GTV-ST-2P     Change       MAME     STREET ADDRESS       STREET ADDRESS     35 STREET ADDRESS       GTV-ST-2P     Change       MAME     STREET ADDRESS       STREET ADDRESS     STREET ADDRESS       GTV-ST-2P     Change		· · · · · · · · · · · · · · · · · · ·	RS AND DIREC			···· ···· ···· ···· ···· ···· ···· ···· ····		Addition
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ITTLE       VD       DELETE       21 TITLE       Change       Addition         NAME       KRUMHOLTZ, SEBA       23 NAME       23 NAME       33 STREET ADDRESS       2558 N.W. 48TH ST.       23 STREET ADDRESS         CITY-ST-ZP       BOCA RATON FL 33434       24 CITY-ST-ZP       Change       Addition         NAME       CHONG, JAMES MD       31 TITLE       Change       Addition         STREET ADDRESS       21776 WESTMONTE COURT       33 STREET ADDRESS       31 CITY-ST-ZP       BOCA RATON FL 33428       34 CITY-ST-ZP         BOCA RATON FL SAVE       34 CITY-ST-ZP       BOCA RATON FL 33428       34 CITY-ST-ZP       35 STREET ADDRESS         STREET ADDRESS       21776 WESTMONTE COURT       33 STREET ADDRESS       31 STREET ADDRESS       31 STREET ADDRESS         CITY-ST-ZP       BOCA RATON FL 33428       34 CITY-ST-ZP       34 CITY-ST-ZP       35 STREET ADDRESS         STREET ADDRESS       10411 STONEBRIDGE BLVD.       43 STREET ADDRESS       44 CITY-ST-ZP       10 Change       Addition         STREET ADDRESS       0041 STONEBRIDGE BLVD.       43 STREET ADDRESS       35 STREET ADDRESS       10 Change       Addition         STREET ADDRESS       0041 STONEBRIDGE BLVD.       43 STREET ADDRESS       10 Change       Addition         STREET ADDRESS       10 DELE								
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TTILE       TD       DELETE       3.1 TTLE       Change       Addition         NAME       CHONG, JAMES MD       32 NAME       32 NAME       32 NAME       33 STREET ADDRESS       1								]
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SD       Addition         NAME       LEVINE, LESLIE MD       4.1 TITLE         STREET ADDRESS       10411 STONEBRIDGE BLVD.       4.3 STREET ADDRESS         IO4111 STONEBRIDGE BLVD.       4.3 STREET ADDRESS         BOCA RATON FL 33498       44 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         14. I hereby certify that the information supplied with this filing does not qualify for the exempti			jrt		·	<u> </u>	<u></u>	
NAME       LEVINE, LESLIE MD       4.2 NAME         STREET ADDRESS       10411 STONEBRIDGE BLVD.       4.3 STREET ADDRESS         CTY-ST-ZIP       BOCA RATON FL 33498       4.4 CITY-ST-ZIP         TITLE       DELETE       \$.1 TITLE         NAME       \$.2 NAME         STREET ADDRESS       \$.3 STREET ADDRESS         CITY-ST-ZIP       \$.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       \$.3 STREET ADDRESS         CITY-ST-ZIP       \$.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       \$.3 STREET ADDRESS         CITY-ST-ZIP       \$.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       \$.3 STREET ADDRESS         CITY-ST-ZIP       \$.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       \$.3 STREET ADDRESS         CITY-ST-ZIP       \$.4 CITY-ST-ZIP         TA       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 of director of the corporation or the received or to execute this report as required by Chapter 607,			a	DELETE			Change	Addition
BOCA RATON FL 33498       44 CITY-ST-ZIP         TITLE       DELETE       \$1 TITLE       Change       Addition         NAME       \$2 NAME       \$3 STREET ADDRESS       \$3 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       DELETE       \$4 CITY-ST-ZIP       \$4 CITY-ST-ZIP       Change       Addition         TITLE       DELETE       \$4 CITY-ST-ZIP       Change       Addition         NAME       \$2 NAME       \$6 CITY-ST-ZIP       Change       Addition         STREET ADDRESS       DELETE       \$6 ITITLE       Change       Addition         STREET ADDRESS       \$3 STREET ADDRESS       \$3 STREET ADDRESS       CITY-ST-ZIP       Change       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 officer of 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 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 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by	NAME	Levine, leslie MD			4. 2 NAME			
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6.3 STREET ADDRESS     6.3 STREET ADDRESS     6.4 CITY-ST-ZIP     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							Change	Addition
64 CITY-ST-ZIP     64 CITY-	NAME						_ •	
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	14. I hereby o	certify that the information supp	lied with this filin	g does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the in	formation