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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033735

SOUTH	WIND MEDICAL CENTER II	NC.								
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Principal Plac	ce of Business	Mailing Address								11101 0111 1001
5335 N. MILITA	ARY TRAIL .	5335 N. MILITARY TRAIL						•		
SUITE 44 SUITE 44						D	NOT WRI	TE IN TH	C CDACE	
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407					F	3. Date Incorporated		IE IN IN	3 SPACE	
	•					04/14/1997	or Qualifeu			·
2 Principal E	Place of Business	2a. Mailing Address				4. FEI Number	•			polied For
21		26			.	65-0745088			 -	ot Applicable
	# etc	Suite, Apt. #, etc.				00 0740000	-		\$8.75	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status	s Desired		Fee Re	1
City & Sta	te	City & State				6. Election Campaign	Financing		\$5.00	
23		28				Trust Fund Contrib	_		Added	
Zip	Country	Zip	Cour	try		8. This corporation of		ent vear li		
24	25	29	30			Personal Property			Yes	□No
	9. Name and Address of Currel	nt Registered Agent				10. Name and Addres	ss of New F	Registered	d Agent	
				81 Name	Э		•			
	LIEN, GARRY D	2. NyTr		82 Stree	t Addross	s (P.O. Box Number is	Not Accord	able)		
SW 5335 N. MILITARY TRAIL SALE SALE				3000	Audies:	S (F.O. BOX NUMBER IS	NOT ACCEPTA		B. S. Morrison Co. Co.	
	TE 44			83		.(\$.133. D.51	1,14,211,121		建 原制制度	
WES	ST PALM BEACH FL 33407		-	04 015		1 th (1 th (2 th)	113334 2.75 3.5	(1) [4] (1) [4]		
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607.1508, Florida Statut	es, the ab	ove-name	d corpora	ation submits this stater	nent for the	purpose c	of changing its	registered
office or i	registered agent, or both, in the State	of Florida. Such change was a	uthorized	hy the con	poration :	s board of directors. I h	ereby accer	ot the appo	ointment as re	aistered i
WE agent 12	am familiar with, and accept the obliga	ations of Section 607.0505. Flo	rida Statu	tes.	•				•	"
		ations of Section 607.0505, Flo	rida Statu	les.	•					
WEE agent. 12						hen reinstating):		DATE.		
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SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE	: Registered A	gent signature		hen reinstating): / P /		DATE.		-
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN P MILLIEN, GARRY D	ent and title if applicable. (NOTE	: Registered A	gent signature		hen reinstating): 7		DATE.	ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN P MILLIEN, GARRY D 5335 N MILITARY TRAIL #44	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITL	gent signature	w beniupen	hen reinstating): 7		DATE.	ND DIRECTO	PRS IN 12
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14. I hereby certify that the information supplied with this filling 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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90022 033 ***150.00