

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90005 050 ***550.00

DOCUMENT # **P97000037642**

I. Corporation Name

PREMIER MEDICAL REVIEW, INC.

Principal Place of Business

501 N UNIVERSITY DR
SUITE 210
CORAL SPRINGS FL 33065

Mailing Address

3501 N UNIVERSITY DR
SUITE 210
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0746500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

1. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, BRIAN J
515 NORTH FLAGLER DRIVE
SUITE 600
W PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

6/30/99

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE
HERBST, NEIL
2. STREET ADDRESS **6844 N.W. 70TH PLACE 7930 Redwood LN**
3. CITY-STATE-ZIP **PARKLAND FL 33067**

1. NAME ☒ DELETE
DVP
LICHTER, JEFFREY
2. STREET ADDRESS **2901 ROCK ISLAND RD #204**
3. CITY-STATE-ZIP **MARGATE FL 33063**

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Sec/Treas.
Michael Kennedy
2840 NE 14th Street #414A
Pompano Beach FL 33062
☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-99 **954-757-7775**

CR2E034 (5/99)