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FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000046652 (8)

1. Corporation Name

THE NORTH AMERICAN DOCTOR'S INVESTMENT FUND OF FLORIDA, INC.

Principal Place of Business

P O BOX 5273
SARASOTA FL 34278

Mailing Address

P O BOX 5273
SARASOTA FL 34278



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0775882

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 P.O. Box 311

22 Suite, Apt. #, etc.

23 PALM BEACH

24 City & State

25 FLORIDA

26 Zip

27 33480

28 Country

29 P.B.

2a Mailing Address

26 P.O. Box 311

27 Suite, Apt. #, etc.

28 PALM BEACH FLA

29 City & State

30 FLORIDA

31 Zip

32 33480

33 Country

34 P.B.

g. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVE W
BRADENTON FL 34205

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 D ☒ DELETE

NAME QUINN, JOHN J
STREET ADDRESS 80 GLEN HEAD ROAD
CITY-ST-ZIP GLEN HEAD NJ 11545

TITLE D ☐ DELETE

NAME FISHER, TAMARA J
STREET ADDRESS P O BOX 728 N/A
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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)(f), 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 or changed to on an attachment with an address.

SIGNATURE:

[Signature] SECRETARY OF STATE

1/18/98

835-8294

CR2E034 (10/97)