**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90073 029 \*\*\*158.75

## 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 # **P97000046652**1. Corporation Name

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

			·				
Principal Place	of Business	Mailing Address	Mailing Address				
P O BOX 311 PALM BEACH FL 33480		P O 80X 311 PALM BEACH FL 33480		DO NOT WRITE IN THIS SPACE			
US		US		<ol> <li>Date Incorporated or Qua 05/27/1997</li> </ol>			
2 Principal Pl	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number		Apı	olied For
21	200 51 2 30 11 10 10 10 10 10 10 10 10 10 10 10 10	26		65-0775882		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desir	ad N	\$8.75 A	
22		27		5. Certificate of Status Desir	<u>~</u>	Fee Re	quired
City & State	9	City & State		6. Election Campaign Finan	cing 🖂	\$5.00	-
23		28		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the		ingible ☐ Yes	No.
24	25	29 3	0	Personal Property Tax.  10. Name and Address of N			<del>X</del> —
	9. Name and Address of Curr	ent Registered Agent	81 5/2927- 2	TO, Maine and Address or the	Tini 60	<u>.go</u> K	
1023	ISS, CALEB J MANATEE AVE W		82 Speet Action	ress (P.O. Box Number is Net At REE VISIES	My ESC.	<i>).</i>	
BRAL	DENTON EL 34205		83 122	1 BAICKELL	Aux -		
			84 City	422	EI.	85 Zip C	ode 7
			# # # # # # # # # # # # # # # # # # #	TIPEL	F L		registered
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.09 egistered agent, or both, in the Stat in familiar with, and accept the obliq	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0508, Florid	torized by the corporation of the statutes.	on's board of directors. I hereby	accept the appoin	tment as reg	gistered
SIGNATURE			CILLA. W	ren	1-1.	<u> </u>	
	Signature, typed or printed name of registered a		egin red Agent signature require	ADDITIONS/CHANGES T	O OFFICEDS AN	D DIRECTO	RS IN 12
12. ;		AND DIRECTORS	1.1 TITLE	ADDITIONS/CHANGES T	JOI HOLKS AN	Change	Addition
TITLE	D TANABA I		1.2 NAME				
NAME	FISHER, TAMARA J		1.3 STREET ADDRESS				
STREET ADDRESS	P O BOX 728 N/A PALM BEACH FL 33480		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	PALM BEACH PL 33400	☐ DELETE	2.1 TITLE			Change	Addition
NAME		<del>-</del>	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	en e	مهاسته ومراس	ga se file i	
CITY-ST-ZiP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	,			
CITY-ST-ZIP			3.4. CITY-\$T-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			ClChaggs	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE			6.2 NAME			_, sgo	
NAME			6.3 STREET ADDRESS				

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 Block 12 or Block 13 if changes for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

CR2E034 (11/98)