PROFIT CORPORATION ANNUAL REPORT

-1999-



P97000061388

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90016 050 ***150.00

1. Corporation Name							
MINOR EMERGENCY, INC.							
	mirejonivi, HV				((88) (88) (88)
	•			-			
Principal Plac	e of Business	Mailing Address			רוספר והנאם נונספר וומפרו הצוועה אוה אמעולמעול ה	T MASTA ASTAN STAND TELEV	1010110011001
1 2582 NW 59TH ST 2582 NW 59TH ST BOCA RATON FL 33496 BOCA RATON FL 33496)		
	. 2 00 .00				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
]					07/14/1997		
2. Principal P	Place of Business	2a. Mailing Address	. 7^	IL AK	4. FEI Number	}	plied For
21 1715	SW ZNd AVE	26 1715 Six	1 21	ve	APPLIED FOR		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27		<i>1</i>		Fee Re	<u> </u>
City & Stat				RATO	\	\$5.00	
23 BOC		28 FLORIDA			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip 21/22	Country	ISA	8. This corporation owes the current ye		
24 33	432 25 USA	29 33432 3	ا ا		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		r	10. Name and Address of New Regist	ered Agent	
	NO. ABIBI		81	Name			
	DD, ANN		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1715 SW 2ND AVE							
ROC	CA RATON FL 33432		83		•		
			84	City		85 Zip C	Code
			04	City		FL S Z	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Ri	egistered Agei	nt signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	•	PODD, ANN M					
STREET ADDRESS	1715 SW 2ND AVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S				
TITLE			2.1 TITLE	···		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	{		ı	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	l l			
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	}		3.2 NAME	1			
STREET ADDRESS				T ADORESS .		**	
	}		3.4. CITY-5	ì			
CITY-ST-ZIP TITLE	<u> </u>	☐ D€LETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	\		1	
STREET ADDRESS			1	TADDRESS	•		
City-ST-ZIP	· ·		4.4 CITY-S		· *		, ,
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	_		5.2 NAME			•	
STREET ADDRESS			4	TADDRESS			
CITY-ST-ZIP	.		5.4 CITY-S				
TITLE	 	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	ļ			
STREET ADDRESS	منيد دا بالات ميسيديد ، وايواردا،	بالميمينين والريم بإنهيل بك		TADDRESS	and the second s	للداري المسايلسيني الدميي	
מיותברו אביוורניסטו			64 CITY-S				

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 of 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 of 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

REQUANDING OFFICER OR DIRECTOR