

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 # P97000064408

1. Corporation Name

VISITING PHYSICIANS ASSOCIATION OF FLORIDA INC.

Principal Place of Business

950 E. CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

Mailing Address

950 E. CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

2. Principal Place of Business

21 6432 NW 5th Way

2a. Mailing Address

26 6432 NW 5th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip Country

24 33309 25 USA

Zip Country

29 33309 30 USA

9. Name and Address of Current Registered Agent

MITCHELL, KURT
950 E. CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0771669

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 the current year intangible
Personal Property Tax.

Yes

X No

10. Name and Address of New Registered Agent

81 Name

Mitchell, Kurt

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

83

6432 NW 5th Way

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
MITCHELL, MARK
246 PL NORTHWESTERN HWY
SOUTHFIELD MI 48075

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSTP
MITCHELL, KURT
3203 PORT ROYALE DR., #E
FT. LAUDERDALE FL 33308

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kurt A. Mitchell 4-7-99 954-489-7722

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90035 044 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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