

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90006 017 ***150.00

0342467

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P97000067151

1. Corporation Name
 EMEL ESENER, M.D., P.A.



new address
 Principal Place of Business
~~11 COMPTON WAY~~
~~BOYNTON BEACH FL 33462~~
 21754 Club Villa Terrace
 Boca Raton, FL.
 33433
 Mailing Address
 11 COMPTON WAY
~~BOYNTON BEACH FL 33462~~
 21754 Club Villa Terrace
 Boca Raton, FL.
 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 21754 Club Villa Terrace
 Suite, Apt. #, etc.
 22
 City & State
 23 Boca Raton FL.
 Zip Country
 24 33433 25 U.S.A
 2a. Mailing Address
 26 21754 Club Villa Terrace
 Suite, Apt. #, etc.
 27
 City & State
 28 Boca Raton FL.
 Zip Country
 29 33433 30 U.S.A

3. Date Incorporated or Qualified
 08/01/1997
 4. FEI Number
 65-0771934 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
 7. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 MULLIN, JAMES G
 2263 N.W. BOCA RATON BLVD., #205
 BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	ESENER, EMEL	
STREET ADDRESS	11 COMPTON WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	MD PA		
1.2 NAME	EMEL ESENER		
1.3 STREET ADDRESS	21754 Club Villa Terrace		
1.4 CITY-ST-ZIP	Boca Raton FL 33433		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(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: Emel Esener MD 1/5/98 (561) 417-7468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)