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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087002

1. Corporation Name

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90010 030 ***150.00

THE HO	USE DOCTOR OF BROWARI	J, INU.								
Principal Place	e of Business	Mailing Address						,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
23205 OLD INLET BRIDGE DR. 23205 OLD INLET BRIDG			DR.							
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		OI AGE	•	
						10/07/1997	_		}	
2. Principal Place of Business 2a. Mailing Address			s			4. FEI Number		I - A	oplied For	
21		26				65-0786874			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional	Š
22		27				5. Certificate of Status Desired			equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	' 🗆 💶	Added	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	rrent year in		_ 1	
24	25		30		··	Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New	Registered	Agent		
A 405 1	ED MICHAEL C			81	Name				1	
2320	LER, MICHAEL G 05 OLD INLET BRIDGE DR.			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		10 0 10 10 10 10 10 10 10 10 10 10 10 10	
BOC	CA RATON FL 33433			83			. 64 . 54 . 54 . 5 . 64 . 65 . 65 . 6 . 64 . 65 . 65 . 65 . 65 . 65 . 65 . 65			
			1	84	City	, , , , , , , ,	<u> </u>	85 Zip	Code	
11. Pursuant office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statute f Florida. Such change was as	es, the at uthorized	bove-	named corpo he corporation	pration submits this statement for the	e purpose of ept the appo	changing its	s registered egistered	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations of registered agent signature, typed or printed name of registered agent	ons of, Section 607.0505, Fior	nda Statu	bove- by thutes.		oration submits this statement for the n's board of directors. I hereby accommodate the new statement for the new submits and the new statement of the new statement for the new	e purpose of ept the appo	changing its	s registered egistered	í
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Fioliand the if applicable. (NOTE: D DIRECTORS	nda Statu	bove- by thutes.		when reinstating) . ADDITIONS/CHANGES TO O	DATE	ND DIRECTO	DRS IN 12	1,000
agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	: Registered	bove- by thutes.		when reinstating)	DATE			(44700)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND DP MILLER, MICHAEL G	ons of, Section 607.0505, Fioliand the if applicable. (NOTE: D DIRECTORS	Registered	bove- by thutes.		when reinstating) . ADDITIONS/CHANGES TO O	DATE	ND DIRECTO	DRS IN 12	724 (44,000)
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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), Flonda 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR