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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093622 (3)

WEATHERBEE ASSOCIATES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***********		
2215 NEBRASKA AVENUE 2215 NEBRASKA AVENU									
SUITE 1F-2	_	SUITE 1F-2	SUITE 1F-2 FORT PIERCE FL						
FORT PIERCE	FL	FORT PIERCE					DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 10/30/1997 			
2. Principal P	lace of Business	2a. Mailing Add	Iress			4. FEI Number		Applied For	
21		26	26			65-0792605		Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.				\$8.75	Additional	
22		27	27			b. Certificate of Status Desired	Fee	Required	
City & State	Э	City & State	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28	28			Trust Fund Contribution	☐ Adde	d to Fees	
Zip	Country	Zιρ	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30. Yes X No			
	9. Name and Address of Curre	ent Registered Agent			,	10. Name and Address of New Regis	tered Agent		
	Lia, sanjiv			81	Name				
	is Ne braska avenue			82	Street A	Address (P.O. Box Number is Not Acceptable)			
	ITE 1F-2		<u> </u>						
FO	RT PIERCE FL			83					
				84	City		[ac] 3	- 0	
				04	City		FL 85 Zi	p Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed 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 previou nance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OF FICERS AT	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12	
TITLE	D	□ t	ELETE 1.1	TITLE			☐ Change	Addition	
NAME	WALIA, SANJIV M.D.		1.21	NAME					
STREET ADDRESS 2215 NEBRASKA AVENUE, SUITE 1F-2			1.3	1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT PIERCE FL 34950		1.4	CITY- S	ST-ZIP				
TITLE	D		ELETE 2.11	TITLE			☐ Change	Addition	
NAME	NAYYAR, RAMESH		2.21	NAME	1				
STREET ADDRESS	2580 RHODE ISLAND AVEN	UE	2.3	STREET	ADDRESS				
CITY-ST-ZIP	FORT PIERCE FL 34947		2. 4	CITY	ST-ZIP				
TITLE		[]		IITLE			☐ Change	Addition	
NAME			3.21	NAME					
STREET ADDRESS			3.3 5	STREET	ADDRESS				
CITY-ST-ZIP			1		ST-ZIP				
TITLE				IITLE	<u> </u>		Change	Addition	
NAME			4 2	NAME				·	
STREET ADDRESS					ADDRESS			i	
CITY-ST-ZIP				DITY-S					
TITLE			ELETE 5.11		1 211		Change	Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				SITY-S				ł	
TITLE			ELETE 6.11		11-411		Change	Addition	
NAME		<u>.</u> .		NAME			Ondrige		
					ADDOCAA				
STREET ADDRESS					ADDRESS			Ì	
CITY-ST-ZIP			6.4 (CITY - S	i1- 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.

CICNIATURE.

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4/18/98

561-466-1977