

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000098849 (7)

1. Corporation Name

ALBAN B. BACCHUS, M.D., P.A.

Principal Place of Business

2889 10TH AVENUE, NORTH
SUITE 301
LAKE WORTH FL 33461

Mailing Address

2889 10TH AVENUE, NORTH
SUITE 301
LAKE WORTH FL 33461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

3. Date Incorporated or Qualified	11/19/1997
4. FEI Number	65-0797578
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
7. Trust Fund Contribution	☐
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MORRIS, ROBERT R 685 ROYAL PALM BEACH BLVD. SUITE 205 ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name ALBAN B. BACCHUS, M.D., P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 2889 10th Ave. NORTH
83 SUITE 301
84 City LAKE WORTH FL 85 Zip Code 33461

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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 *Alban Bacchus MD* DATE 1/13/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME BACCHUS, ALBAN B STREET ADDRESS 2889 10TH AVENUE, NORTH CITY-ST-ZIP LAKE WORTH FL 33461	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VP NAME BACCHUS, ALBAN B STREET ADDRESS 2889 10TH AVENUE, NORTH CITY-ST-ZIP LAKE WORTH FL 33461	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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.

SIGNATURE: *Alban Bacchus MD* 1/13/98 (561) 866 2303

CR2E034 (10/97)