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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109202 (6)

DOUGLAS J. WARSETT, M.D., P.A.

FILED Mar 31 1998 8:00am Secretary of State

|--|--|

| Principal Place of Business Mailing Address | | |) 1 CONTINUE (18 1011) 10011 0011 0011 0011 00110 1001 00110 10110 1101 1001 1001 | | | |
|--|---|--|---|--------------------|---|--|
| SUITE 204, BLDO | 3 4000 | SUITE 204. BLDG 4000 | | | | |
| 210 JUPITER LAI | | 210 JUPITER LAKES BLY | VD | | DO MOT WEITE IN THE COMO | |
| JUPITER FL 3345 | 58 | JUPITER FL 33458 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date incorporated or Qualified | |
| 2. Principal Place | of Business | 2a. Mailing Address | | | 12/31/1997 4. FEI Number Applied For | |
| | o dosness | <u> </u> | | | 6/00/5/6/ | |
| Suite, Apt. #, 6 | ato | Suite, Apt. #, etc. | | | S8.75 Additional | |
| | | | | | 5. Certificate of Status Desired Fee Required | |
| 22 City & State | | City & State | | | | |
| 23 | | 28 | | | 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Cour | ntry | This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | | | Personal Property Tax due June 30. X Yes No | |
| 9 | Name and Address of Curren | 10. Name and Address of New Registered Agent | | | | |
| FILING | 3S, INC. | | İ | 81 Name | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | N.W. 16TH STREET | | - | 82 Street A | Address (D.O. Bay Number is Not Assessable) | |
| | AUDERDALE FL 33311-4132 | | | oz Street A | Address (P.O. Box Number is Not Acceptable) | |
| 11.6 | TODERDALE I'L GOOTT TIOE | | - | 83 | · · · · · · · · · · · · · · · · · · · | |
| | | | | | ······································ | |
| | | | | B4 City | FL 85 Zip Code | |
| 11. Pursuant to the | he provisions of Sections 607.050 | 2 and 607.1508. Florida Statut | es, the ab | ove-named o | corporation submits this statement for the purpose of changing its registered | |
| office or reals | stered agent, or both, in the State amiliar with, and accept the obliga | of Florida. Such change was a | authorized | by the corp | oration's board of directors. I hereby accept the appointment as registered | |
| _ | amalar wiin, and accept the obliga | anons or, section bor tools, Fi | onua Siait | 11.68. | | |
| SIGNATURE | valure, lypad or printed name of registered age | rit and title if emplicable (NOT | F: Registered | Agent signature r | required when reinstaling) DATE | |
| 12. | OFFICERS AND | | 13. | riger and risks of | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| | D | DELETE | 1.1 TIT | .E | P\$D | |
| NAME | WARSETT, DOUGLAS J M.D. | | 1.2 NAI | ME | | |
| STREET ADDRESS SUITE 204, BLDG 4000; 210 JUPITER LAKES | | | 1.3 STREET ADDRESS | | | |
| | JUPITER FL 33458 | | | Y-ST-ZIP | | |
| TITLE | | DELETE | 2.1 101 | | Change Addition | |
| NAME | | | 2.2 NA | ME | | |
| STREET ADDRESS | | | 2.3 STE | EET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | DELETE | 3.1 7171 | | Change Addition | |
| NAME | | | 3.2 NAI | AE | _ · - | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 111 | | Change Addition | |
| NAME | | | 4. 2 NA | ME | | |
| STREET ADDRESS | | , | | EET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TO | | Change Addition | |
| NAME | | _ | 5.2 NA | | = · - | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITU | | ☐ Change ☐ Addition | |
| NAME | | | 6.2 NAM | 1 | · · · · | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| 14. Lhereby certi | ly that the information supplied wi | th this filing does not qualify fo | or the exer | notion stated | d 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 B | lock 13 if changed, or on an atlact | chment with an address. | CADOGIO II | ropon as i | SCL 1 = | |