Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90165 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004944

1. Corporation Name

KENNETH A TREADWELL PA

KLINIALII	II A. IIICADWECC, I A.													
Principal Place	of Business	Ma	iling Address					1188	14 0 0 1 41 0 1010 1 4014	# 	BRISI BRISI	enin enem ien	4 M1811 M181 4881	
3950 RCA BLVD. STE 5001 PALM BEACH GARDENS FL 33410 3950 RCA BLVD. STE 5001 PALM BEACH GARDENS FL 334					10			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/13/1998						
2, Principal Pl	lace of Business	2a.	2a. Mailing Address					FEI Num	ber			A	pplied For	
21		26	26						65-08061	17		N	ot Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5.	Certifcate	of Status De	sired			Additional equired	
City & State	•	28	City & State				6.	6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	Country 30			8.		oration owes Property Tax	•	nt year Int	tangible ☐ Yes	Mo		
	9. Name and Address of Curre	nt Regisf	ered Agent		81		10.	Name ar	nd Address o	f New Re	gistered	Agent		
3950 PALM	ADWELL, KENNETH A RCA BLVD, STE 5001 M BEACH GARDENS FL 33410 to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 60	07.1508, Florida Statute	e the at	82 83 84	City	rnoratio	n submits	this statement	t for the p	FL urpose of	- f changing its	Code s registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of,	Section 607.0505, Flori	rida Statu	ites.	ine corpore	2110113 00	Sala of all	30.013. 1 110.70.	oy accept			-3	
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if	applicable. (NOTE:	Registered	Agent	signature requ					DATE			
12.	OFFICERS A	ND DIRE		13.				ADDITION	IS/CHANGES	TO OFFI	CERS AN			
TITLE	D		□ DELETE	1.1 TiT	LE							☐ Change	☐ Addition	
NAME	treadwell, kenneth a			1.2 NA	ME							•		
STREET ADDRESS	3950 RCA BLVD, STE 5001			1.3 ST	REET	ADDRESS					-		ļ	
CITY-ST-ZIP	PALM BEACH GARDENS FL	<u> 33410 </u>		1.4 CIT		-ZIP							- Addition	
TITLE			☐ DELETE	2.1 TIT								Change	☐ Addition	
NAME				2.2 NA	ΜE	ļ								
STREET ADDRESS				2.3 STI	REET	ADDRESS								
CITY-ST-ZIP				2, 4 Cl		T-ZIP					<u>.</u>		- Addition	
TITLE			DELETE	3.1 TIT	LΕ							Change	Addition	
NAME				3.2 NA	ME									
STREET ADDRESS				3.3 ST	REET.	ADDRESS								
CITY-ST-ZIP				3.4. CI	TY-ST	T-ZIP					•			
JITLE	. ———		□ DELETE	4 1 TIT	LE							Change	☐ Addition	

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.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY ST ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Feb. 12,1999

Date

561-776-5112

Daytime Phone #

Change

Change

Addition

☐ Addition