PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Contains of State

FILED Apr 08, 1999 8:00 am Secretary of State

1999 DIVISION OF C	CORPORATIONS	04-08-1999 90082 043 ***158.75	,
DOCUMENT # 1998 0000 19921			
STAT Managed Cove Program, Inc.	,	* 5 42097-90326-15 7 *	
Principal Place of Business Mailing Address		7	
lo Fairman Deive			
lo fairway Drive Deerfield Beach, FL 33441		DO NOT WRITE IN THIS SPACE	
becitique boung 1 = 10 1 11		3. Date Incorporated or Qualified 3/5/99	
2. Principal Place of Business 21 10 Fai(wwy) IN 22 2a Mailing Address 25 Same		4. FEI Number Applied For Not Applied For Not Applied For	ble
Suite, Apt. #, etc. Suits, Apt. #, etc. 22 Stt. 110 27		5. Certificate of Status Desired \$8.75 Additional Fee Required	ıl .
23) Del Field Blum, FL 28 Sure		6. Election Campaign Financing Trust Fund Contribution Added to Fees	
24 3344 25 U.S.A. 29 SUM	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent	Ad 24	10. Name and Address of New Registered Agent	
Joshua E. Gerstin, Esq.	81 Name		
	82 Street Add	ress (P.O. Box Number is Not Acceptable)	}
1515 N. Federal Hishway, Ste 30	83	•	
Boca Rulon, PL 33432		- 65 Zip Code	
,	84 City	FL T	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I apr lamfliar with and accept the obligations of, Section 607.0505, Flori 	is, the above-named con	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	od
agent. I am familiar with and accept the obligations of, Section 607 0505, Flori			- 1
SIGNATURE Signature, purising frame of requirement agent and title if applicable. WOTE:	d3/49	_	
		nd when reinstating) DATE	
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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: ____