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 # 1. Corporation Name P98000021386

MILITARY-BOYNTON MEDICAL CENTERS, INC.

Principal Place	e of Business	Mailing Address				
	DERAL HIGHWAY SUITE 1B		1 SOUTH FEDERAL HIGHWAY SUITE 1B			
BOYNTON BEACH FL 33434 BOYNTON BEACHTEL 33434 SELL SE 15th Averue 566 S.E.			1,544	Ave.	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
Doynton Beach, Fr. 33435. Doynton &				F(. 33436	S 03/06/1998	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
26					65-0817446 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
27					5. Certificate of status besiled	
City & Stat	State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible	
24	25	29 30	L		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
KUR	TAKEN LIOWADD E ECO		81	Name	•	
Kurzweil, Howard e esq Howard e. Kurzweil, P.A. 328 Minorca Avenue second floor			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
COH	AL GABLES FL 33134		84	City	85 Zip Code	
	_			•	PL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
42	Signature, typed or printed name of registered agent		13.	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	D CONTICENS AND	DELETE	1.1 TITLE		Change Addition	
NAME			1.2 NAME		4	
	DEMOCRATICAL CONTRACT OF THE ACTUAL CONTRACT			ADDRESS 5	566 S.E. 15th Avenue	
STREET ADDRESS				710	Bounton Blach, FC 33435	
CITY-ST-ZIP TITLE			1.4 CITY-ST 2.1 TITLE	-217	☐ enange ☐ Addition	
NAME	J		2.2 NAME			
	· · · · · · · · · · · · · · · · · · ·		23 STREET	ADDRESS 5	sub s.e. 15th Avenue	
STREET ADORESS					bounton Boach A. 33435	
CITY-ST-ZIP	<u> </u>		2.4 CITY-S 3.1 TITLE		Change Addition	
NAME	-		3.2 NAME	}		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S			
TITLE		☐ DELETE	4.1 TITLE	· -	Change Addition	
NAME		_ `	4.2 NAME			
STREET ADDRESS	,		4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE	 	DELETE :	5.1 TITLE		☐ Change ☐ Addition	
NAME		1, 3, 3	5.2 NAME	1		
STREET ADDRESS		221	5.3 STREET	ADDRESS		
}		2.		1		
CITY-ST-ZIP	l .		5.4 CITY-S	-ZIP I		
TITLE	<u> </u>	DELETE	6.1 TITLE	-ZIP	. Change Addition	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 050 ***150.00