

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
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DOCUMENT # **P08000002449B**

1. Corporation Name

OAKRIDGE MEDICAL GROUP REALTY, INC.

Principal Place of Business

Mailing Address

5601 North Dixie Hwy Suite 411
Ft. Lauderdale, FL 33334

2. Principal Place of Business

2a. Mailing Address

21 11880 S.W. 40th St.

26 11880 S.W. 40th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #405

27 #405

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip
33175

25 Country
USA

29 Zip
33175

30 Country
USA

9. Name and Address of Current Registered Agent

CT Corporation
1200 S. Pine Island Road
Plantation, FL 33324

04-30-99 90012.007 \$158.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/16/1998

4. FEI Number

65-0820782

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

John Mudd

82 Street Address (P.O. Box Number is Not Acceptable)

11880 S.W. 40th Street

83

Suite #405

84 City

Miami, FL

FL

85 Zip Code

33175

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, for 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

John Mudd, Registered Agent

7/20/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

D

NAME

NORIEGA, FUDY

STREET ADDRESS

5601 North Dixie Highway

CITY-ST-ZIP

Ft. Lauderdale, FL 33334

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☐ Change

☒ Addition

1.2 NAME

Paul Schaefer

1.3 STREET ADDRESS

11880 S.W. 40th St., #405

1.4 CITY-ST-ZIP

Miami, FL 33175

2.1 TITLE

VPD

☐ Change

☒ Addition

2.2 NAME

John Mudd

2.3 STREET ADDRESS

11880 S.W. 40th St., #405

2.4 CITY-ST-ZIP

Miami, FL 33175

3.1 TITLE

VP

☐ Change

☒ Addition

3.2 NAME

Timothy Lincoln

3.3 STREET ADDRESS

11880 S.W. 40th St., #405

3.4 CITY-ST-ZIP

Miami, FL 33175

4.1 TITLE

STD

☐ Change

☒ Addition

4.2 NAME

A.B. Wiener

4.3 STREET ADDRESS

11880 S.W. 40th St., #405

4.4 CITY-ST-ZIP

Miami, FL 33175

5.1 TITLE

AS

☐ Change

☒ Addition

5.2 NAME

Elda Miranda

5.3 STREET ADDRESS

11880 S.W. 40th St., #405

5.4 CITY-ST-ZIP

Miami, FL 33175

6.1 TITLE

☐ Change

☐ Addition

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, with all other like empowered

SIGNATURE:

John Mudd

7/20/99

(305) 221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

MARQUETTE
REALTY, INC.

July 20, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Oakridge Medical Group Realty, Inc.
Document # P98000024498

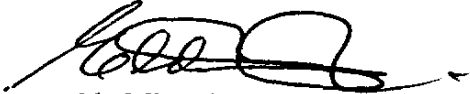
To Whom It May Concern:

Attached please find the corrected annual report for the above corporation.

Please note that the annual fee had previously been sent and cashed by the Department of State.

Thank you for your assistance in this matter.

Sincerely,



Elda Miranda
Assistant Secretary

Enclosure